VS. AID PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05645

CERTIFICATE OF DEATH

COUNTY Baltimore MARYLAND	STATE YEW STATE COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR promearest town) TOWN (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Johne	STREET (If rural, give location) ADDRESS 808 West and are. 4.4
3. NAME OF DECEASED (First) (Middle) (Type or Print)	handera 4. DATE (Month) (Day) (Year) OF DEATH June 1957
5. SEX 6. COLOR OR RACE 7. SINOLE, MARRISD, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months. Days Hours Min.
done during most of working life, even if retired) 10b. KIND OF BUSINESS OR LINEUSTRY	John Hungary (ustria) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Seman Russes 15. Was Decrased Ever In U.S. Armed Forces! 16. Social Security No.	14. MOTHER'S MALLEN NAME, Katu Freid
(Yes, no, or unknown) (If year, give war or dates of service)	Jaura M. Schoolder Masonie Home
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate Cause (8) Carchiae Dec	Interval Between ONSET and DEATH
1 Immediate cause (a) (a) 420, OAntecedent cause(s)	a heart desease.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	a near ousiase
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
	19.46., to seeme 19.5., that I last saw the deceased
alive on signal 19.5, and that death occurred at 3	ADDRESS DATE SIGNED
23. BURIAL, GREMATION DATE NAME OF CEMETE	Les Key Jolle Md 6-1-51 RY OR CREMATORY LOCATION (City, town, or county)/ (State)
REMOVAL (Specify) 6/2/5/ Flynclift DATE/REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS
6/ REF. 51 James M. Schneder	Hm. Cook St Paul & Preston St

SA DESTANS

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MA	RYL	AND	STATE	DEPARTMENT	OF	HEALTH
449.60	AAN A Ad.	MIN	DIALL	DO TOTAL TRANSPORTED IN	UL	ALLOCAL AL

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

County	City or town		
3. (a) FULL NAME	3.(b) Social Security Number		
	5. (0) Social Security Number		
Sister Mary Delbaina Argus 4. Sex [5. Color or race 8. (a) Single, married, widowed, or differed	MEDICAL CERTIFICATION		
Female While Emple	20. DATE DF DEATH JUNE 11 1827 , 21 4 43 A. M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 14 19.47 to 2 1114 19.51 19.5		
8. AGE: Years Months Days If less than one day	Immediais cause of death Saranany Ochlustini DURATION		
80 8 2hrsmin.	5 days		
S. Birihplace	Due to		
12. Name Henry A. Y. 9. U.S. 13. Birthplace Germany	Diher conditions a Herial sclerais of hyperlausins		
14. Maiden name Mangarel Scereiber 15. Birthplace Buffalo	(Include pregnancy within 8 months of death) Major findings of operations		
16. Intermant St. Mary Clara	Autopsy results PHYS1CIAN: Please underline the cause to which death should be charged statistically.		
Address Note Reiff 17. BURIAL Date thereof JUNE 13 1951 (Burial, cremation, or removal, Which?)	22. VIOLENCE: tt death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemelery or crematory	Whers did injury occur?		
Location NOTCH CLIFF NR TOWSON	Injured at home, farm, industry, public place (where?)		
18. Funeral director le harles & Leiles	Msens of Injury Injured at work?		
Address 901 S, CONKLING ST BALTO, 24, A	1 22 SIGNATURE		
19. 6/2 19.57 a Ofesia	M. D. or other		

2411 N. Charles St., Baltimore

05647

CERTIFICATE OF DEATH

Reg. Diat. No...

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or lown (If outside city or town limits, write RURAL and give nearest town)	State marylen county Dalting
(If outside city or town limits, write RURAL and give nearest town)	City or towa
Hospital, Institution, or street address where death occurred:	Street No. 20 5 9 5 March 1
Now long to hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	
	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
11 Cul maries	20. DATE OF DEATH. 0 13/0 19
6.(b) Name of bushand or wife Casil Asastel	21. I CERTIFY that death occurred on the date above states; that Lattended deceased from
7. Birth date of	and that Elast saw h. Man. alive on 0 1 3 5 1 19 19
deceased (mo., day, yr.) Sully 15-1893	and that i last saw h. Ann. alive on
8. AGE: Years Months V Days If less than one day	Comming Occlusion 3 hrs
11 2000 31100	Bunchial att
(Town, county, and Mate)	Due to.
10. Usual occupation.	Due 10.
11. Industry or business (1) etheleham Steel	420,1
The work of the same of the sa	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name	Major fiedings of operations
16. Informant Eddie Bartel	Autorsy results.
Address 805 I St. Spanew Pt	PHYSICIAN: Please underlies the case to which death should be charged statistically.
1. Busia 6-17-51	22. VIOLENCE: If death was due to esternal causes, fill in the following;
(Burial, cremation, or removal, Wbich?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or councilors	Where did injury occur?
Location (2)	Injured al home, farm, Industry, public place (where?)
18. Funeral director Actividades No. Company of the	magne of tabet
Address 1011 M. allington W 12000,	23. SIGNATURE A THE Thomas On S.
19. (Date redd by registrar) (Date redd by registrar) (Date redd by registrar)	107m. main of M. D. or other
(trate red of DA teRistrat) (cedistrat	Address

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

05648

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	v
MARYLAND	1/19.	
CITY (If outside corporate limits, write RURAL and OR give nearest fown) (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Carley 14	7e nearest town)
HOSPITAL OR INSTITUTION OR 8824 Ridge ave	STREET ADDRESS 8824 Ridge av	e
3. NAME OF (First) (Middle) (Type or Print) (Ulius (Type or Print)	Sarth 4. DATE (Month) OF DEATH KUNE	(Day) (Year) /2 193-/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify of America)	8. PATE OF BIRTII 9. AGE last bythday If under Months	1 year If under 24 hrs. Days Hours Min.
10a USUAL OCCUPATION (Give kind of work and during prost of working life, even if retired) INDUSTRY INDUSTRY	Newark n. x	COUNTRY OF WHAT
John Barth	14. MGTHER'S MAIDEN NAME	
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service) **The content of the content of th	Mis Pauline Schreiber	(Same)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) acute bul	bar paralysis	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	osis & hypertension	11yrs. +
n. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	myscardilis	11 yrs.+
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	0	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/13	, 1940, to June 2 195/, that I last s	saw the deceased
alive on	ADDRESS ADDRESS	ated above. DATE SIGNED
G. M. Balon, M.D.	2810 Laylor live.	12/51
23. BURIAL, CREMATION DATE S NAME OF CEMETE REMOVAL (Specify) 6/15/5/NAME OF CEMETE ACCURATE	lon Park Trederick	ADDRESS STATE
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 6/12/51 A.M. Jacou	Mildred T. Blight, 600	9 Harford &

BUREAU V. S.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05649

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY .	
Baltimore MARYLAND	Maryland Balti	more
OR give nearest town) ry (in this piace)	CITY (If outside corporate limits, write RURAL and give n	
OR give nearest town) TOWSON (in this place)	Town Towson	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS 404 Railroad Ave.	ADDRESS 404 Railroad Ave.	
3. NAME OF (First) (Middle)		Day) (Year)
OECEASED (Type or Print) Alexander	OF _	TOET
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE isst hirthday II under 1 ye	
Male Colored WIDOWED, DIVORCED, (Specify) Married	Months De	Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		ITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY	Con	INTEXT
13. FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NAME	. S. A
James Batty	Laura Mitchell	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.		
(Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
NO leervice)	Mrs. Mable Batty 404 Railroa	a Ave.
I8. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY PEADING TO DEATH	Y - 10	TERVAL BETWEEN NSET AND DEATH
		- 0
IND And the admit	and and Adda a Milleran CO.	2 1
Immediate cause (a) tronchofu	econoug llumal	Loops.
	eumone alrunal	Loop.
350% Antecedent cause(s) Diseases or conditions, if any. (b) Yackerson	in distale -	697.
350X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	in distace -	697.
350% Antecedent cause(s) Diseases or conditions, if any. (b) Yackerson	in disease -	697.
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Vauheuro (c) Vauheuro (c)	in disease - crosis, Henr & Cerchar	6975. Unhe
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	in disease - crosis, Henr & Cerchard	6 fr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Conditions contributing to the death but not related to the disease or condition causing death,		6 grs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	21	6 gr.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	2	Yes N
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)	21	. /
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) 1NJURY	(CITY OR TOWN) (COUNTY)	Yes N
Antecedent cause(s) Diseasee or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	2	Yes N
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUNTY)	Yes N
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OF INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Markeuron (c) Vaukeuron (b) Vaukeuron (b) Vaukeuron (c) INJURY PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	Yes N N (STATE)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Cullerto self 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY Myork At work	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 1546, that I last saw	Yes N N (STATE)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Cullerto self 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY Myork At work	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 1546, that I last saw	Yes N N (STATE)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OF INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Markeuron (c) Vaukeuron (b) Vaukeuron (b) Vaukeuron (c) INJURY PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 1960, that I last saw 3. So P.m., from the causes and on the date states	Yes N N (STATE)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from Work At work Alive on 1951, and that death occurred at 1951.	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 1960, that I last saw 3. So P.m., from the causes and on the date states	Yes NOTATE) the deceased dabove.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Uniterior Conditions Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Work At work Conditions Ative on 1951, and that death occurred attacks of the conditions of	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? THOSE TOWN 1951, that I last saw ADDRESS ADDRESS Kutherfulle	Yes NOTATE) the deceased dabove.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Uniter Significant Conditions Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from Work At work SIGNATURE (Degree or title) ALLOW 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? The property of the causes and on the date states and the date states and the causes and on the date states and the causes are caused as a county of the causes and the causes are caused as a cause of the cause of	Yes NOTATE) the deceased dabove.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY 22. I hereby certify that I attended the deceased from Work SIGNATURE Alive on 197, and that death occurred attended the deceased from Cherce SIGNATURE 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE BURIAL, CREMATION DATE THEREOF NAME OF CEMETE BURIAL, CREMATION DATE THEREOF NAME OF CEMETE BURIAL (Specify) 6-13-51	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? The property of the causes and on the date states and the date states and the causes and on the date states are caused as a county of the causes and the causes and the causes are caused as a county of the causes and the causes are caused as a county of the caused	Yes NOTATE) the deceased dabove. DATE SIGNED
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) The end of operation of the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 1NJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Work At work 1 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? The property of the causes and on the date states are dependently and date and date states and on the date states and on the date states and on the date states are dependently and date and date and date and date are dependently and date are date and date are dependently are dependently and date are depende	Yes N (STATE) the deceased dabove. DATE SIGNED (State)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY 22. I hereby certify that I attended the deceased from Work SIGNATURE Alive on 197, and that death occurred attended the deceased from Cherce SIGNATURE 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE BURIAL, CREMATION DATE THEREOF NAME OF CEMETE BURIAL, CREMATION DATE THEREOF NAME OF CEMETE BURIAL (Specify) 6-13-51	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? The property of the causes and on the date states are departed by the date of th	Yes NOTATE) the deceased dabove. DATE SIGNED (State)

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WRIT

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05650

Reg. Dist. No. 44 2 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTBaltimore COUNTY STATE Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Woodlawn (in this place) TOWN Woodlawn HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS Clays Lane Clays Lane STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED Franklin David Baugher June 1951 (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs. Days | Hours | Min. Months | Male White Sept. 10.1906 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT dene during most of working life, even if retired) Charles Grill COUNTRY? Frederick County, Md. 13. FATHER'S NAME William Baugher Mollie Eyler 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Clays Lane (Yes, no, or unknown) (If yes, give war or dates of service) Mrs. Ella N. Baugher. 220-09-0286 Woodlawn, Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause 422 / Antecedent cause(s) Diseases or conditions, if any, glving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY 21. EXTERNAL CAUSE WAS (CITY OR TOWN) (COUNTY) (STATE) PRIMARY | OR CONTRIBUTING | CAUSE OF DEATH. TIME (Month) (Day) (Year) INJURY OCCURRED HOW DID INJURY OCCUR? (Hour) While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) ADDRESS DATE SIGNED Balla 1010 Leeds & ve. Arbutus.Md. NAME OF CEMETERY OR OREMATORY
Mt. Olive Cemetery DATE THEREOF 23. BURIAL, CREMATION LOCATION (City, town, or county) REMOVAL (Specify) June/6. 1951 Rendallstown, Md. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 4510 Liberty Heights A



P. P. 10 1/0 1/23 1

2411 N. Charles Street, Baltimore

05651

CERTIFICATE OF DEATH

1. PLACE OF DEATH- BALTO MARYLAND	2. USUAL RESIDENCE (HOME) OF DECRASED STATE AU (5 9 GTUE) - HOSPITY BULLED
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) LKFSVILLE (in this place)	CITY (If outside corporate limits, write RURA) and give nearest town) OR TOWN A TO O O O O O O O O O O O O
HOSPITAL OR INSTITUTION OR STREET ADDRESS AVESBURE HOME	STREET (If rural, give location)
3. NAME OF DECEASED (First) ROSE M. 13AUMANN	(Last) 4. DATE (Month) (Day) (Year) OF DEATH JINE 27 1957
5. SEX FEIY 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) 110 0000	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. SEPT. 22-1868 8 2 yrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during mostles working hie, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY?
13. FATHER'S NAMED ETER MILLER	NANCY CAVEY.
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	AVESBURE HOME PECORD
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Antecedent cause(s)	Jordan Jomany omally
Diseases or conditions, if nny, (b)— giving rise to the above cause stating the underlying csuse last (c)————————————————————————————————————	lesti Hent Dunie 10 grs.
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE Office hidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from april-	V
Sul L. Chamber, mg. Hos L	ADDRESS ADDRES
RIMOVAL (Specific) JULE 29/5/ SI VAILE	OR/CREMATORY LOCATION (City, town, or county) (State)
DATE RECID BY LOCAL REGISTRAR'S SIGNATURE	Mas GHUS a GRhdt 2327
	Edmondson ave

/	1	
1	RA	10
1	141	Tec
	-	8

2411 N. Charles Street, Baltimore

05652

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Maryl		COUNTY		
CITY (If outside cor OR give nearest t	rporate limits, write RUR.		II OP	rate limits, write RURA	L and give	nearest to	wn)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	s Veterans Adm	inistration Hosp.	STREET ADDRESS 1501	(If rural, give lo l'en Pen Alley	cation)		1
3. NAME OF	(First)	(Middle)	(Last)	14. DATE (Me	onth)	(Day)	(Year)
(Type or Print)	CHARLES	(NMI)	BEASLEY	OF DEATH	June '	7	19 51
	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH		If under 1 Months	year If un	der 24 hrs.
Male	Colored	WIDOWED DIVORCED (Specify) Married-Se	p. 7-4-85	65 ym.			
done during most of wo	TION (Give kind of work orking life, even IL retired) or (Unemployed	10b. KIND OF BUSINESS OR INDUSTRY	Greene Co.,	Virginia	12. C	CITIZEN O	USA
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME			
Charles Be	easley		Rebecca Min	or			
15. WAS DECRASED EVE	ER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS			
Yes Tes	(If yes, give war or dates of service)	"Unknown	Clin.Rec., V	et.Adm.Hosp.,	Ft.Ho	ward.M	d.
		18. MEDICAL CE			1		
I. DISEASES OR COM	NDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL ONSET AND	
2200.1010 017 000						ONDEL AN	DEATH
Immediate	cause (a) Tu	berculosis pulmon	ary, bilateral,	far advance	d	6 mos	
ANDY							
Antecedent	cause(s) onditions, if any, (b)						
giving rise to	the above cause		*** ***********************************	· · · · · · · · · · · · · · · · · · ·		* 0 10 00 10 110 000 000 00	
stating the un	derlying cause last						
II. OTHER SIGNIFIC	(c)						
Conditions contribut	ing to the death hut not or condition causing deat	Arteriosclerosis	, generalized			unkno	10770
19a. DATE OF OPER	ATION 19h. MAJOR F	INDINGS OF OPERATION				20. AUTO	
21. ACCIDENT	(Specify) PLAC	CE (Home, farm, factory, street,	(CITY OR	TOWN) (C	OUNTY)	Yes [No 🔯
SUICIDE HOMICIDE	OF	office bidg., etc.)				(10 2.12	,
	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OF	CCUR?			
OF INJURY	m,	While at Not While Work At work					
22. I hereby certif	y that VAttended the	e deceased from May 24.	, 19.51, toJune.	7., 1921, 600	D94V9		9000
XXXXXXXXXXXXXXXX	VVVVVVVVVVVV	d that death occurred at	:40 A. m from the	a course and on the	dete ste	tod above	
SIGNATURE	The state of the s	(Degree or title)	ADDRESS	causes and on the	uave sta	DATE S	GNED
	CH MAGNICO	TIME CHIEF MEDICA	L SERVICE VAH F	יוו ממאבוא דיי	D	6-8-5	7
ALBERT E PU				LOCATION (City, town			
REMOVAL (Specif	(y) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						State)
DATE REC'D BY L	10/12/4	Balto Nation	124. FUNERAL DIRECT	5501 Frederic	K AVE	ADDRES	
REG. /	-C		Chas.R. Law 80		a. Bel		
6-11-	3/1		Olica II. Day 00	a Maurson Av	J. Dai	00 • 100	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05653

VALUE AND	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give registed of mother)
City or town. (If outside city or town limits, write RURAL/and give nearest town)	State Muy am county tellimore
How long in above place of death? 3 9 4 10	City or town
Mospital, Institution, or street address where death occurred:	Street No
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Signer, market, visioused, or divirced	20, DATE DE DEATH. MEDICAL CERTIFICATION 20, DATE DE DEATH. MEDICAL CERTIFICATION
6.(b) Name of husband or wife discussion Bulford	21. I CERTIFY that death accurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Of. 15 - 1863	ars and that I vist saw in the alive on 1904 1904 1905
8. AGE: Years Months Days If less than one dayhrs	Inmediate churche premore a 12 da
8. Birthplace Duse Que Cu mod (Town, county, and state)	Due to O. C.
10. Usual occupation Faculty	Bue to.
11. Industry or business 32 32 32 32 32 32 32 32 32 32 32 32 32	
12. Name Bedfold 13. Birthplace Maryland	Biher conditions 450 A
# 14. Malden name Elizabeth Belford	(Include pregnancy within 3 months of death)
2 15. Birthplace Merglacel	Major findings of operations
16. Informant Chris Baffel	Autopsy results
Address Charles Mil	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide.
Cemetery or crematory.	(City or town) (County) (State)
Location Elson D. Wilson	Injured at home, farm, Industry, public place (Where?) Means of Injury Injured at work?
Address / A D Duntler Rul	To Cott mo
19. 6 - 2 8 19) (23. SIGNATURE MOMAN M. D. or other
(Date rec'd by registrar) Registr	ar Address Date Signed O

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05654

Reg. Dist. No. 33

54/4/2

COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL, and LLENGTH OF STAV	STATE Maryland Baltimore CITY (If outside corporate limits, write RURAL and giv	a manufact tamm
OR give nearest town (In this place) TOWN Reisterstown	Town Reisterstown	e nearest town)
HOSPITAL OR	STREET (If rural, give location)	
STREET ADDRESS & DUCLET ROAD	ADDRESS 2 Butler Road	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) George H. Berr	cy DEATH June 22,	1951 19
Male White 7. SINGLE, MARRIED, WIDOWELMATTIED.	yrs.	Days If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or dear during motor, United and times		CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John F. Berry	Annie Grothe	
15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of 217-01-1537	17. INFORMANT AND ADDRESS	200
	Bertie L. Berry, Reisterstown	, Md .
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Coronary	arter Disease	10 mins
11081	V	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause		ro he de to rough was allocated and
44 w stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
_ none. none.		Yes 🗆 No 🖼
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg.eetc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. work at work	HOW DID INJURY OCCUR?	
22. I certify that I taak charge of the remains described above, held an A abtained by said Autapsy, Inspection or Inquiry, find that said decensions natural causes , accident , suicide , homicide , SIGNATURE (Degree or title)	ased died on the dry stated above, and death in my	ram the evidence opinion resulted DATE SIGNED 6-24-5-1
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county	
Burial June 25,1951 All-Sain		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 6-24-51 Nary 3. Eline.	J.F.Eline & Sons, Reistersto	wn, Md.

BUREAU V. S.

1961 72 NUL

BECEINE

E.M.	The correct age
. A15A MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. I is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

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U	U	U	J	0

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 10. May 11. 1875 76 yrs. 17 Under 1 year 18 Usual Occupation (Give kind of work done during most of working life, even if retired) 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10s. Kind of Business or Industry 11. Birthplace (State or foreign country) 12. Citizen of What of Wary 1 and 13. Fathers name unknown 14. Mothers Maiden name unknown 15. Was Decased Ever in U.S. Arneed Forces? 16. Social Security No. 17. Informant 17. Informant 18. Medical Certification 18. Medical Certification	The second property	F	OR MEDICAL	EXAMINE	RS	Reg. Dist. No)
STREET ADDRESS SPTING GROVE State Hospital Spring Grove State Hospital Spring Grove St. hospital S. NAME OF (First) BERNARD (Modde) Clast) Cast) Composition Composit	COUNTY Baltimore CITY (If outside corporate limits OR give nearest towo) TOWN Latonsville HOSPITAL OR	, write RURAL and	LENGTH OF STAY (in this place) 38 yrs. 1 mt	STATE MARY! CITY (If outside OR TOWN Ca	and corporate limits, write ttonsville (If rura	COUNTY RURAL and giv	e nearest town)
BURR DEATH June 21 1956	STREET ADDRESS SPIL			1	1 0 -		
Male White Whowed, Divored, Secretic State of County State Who and all one of Morthal (Sire kind of work done during post of Morthal (Sire kind of work done during post of Morthal (Sire kind of work done during post of Morthal (Sire kind of work done during post of Morthal (Sire kind of work done during post of Morthal (Sire kind of work done during post of Morthal (Sire kind of work done during post of Morthal (Sire kind of work done during post of Morthal (Sire kind of work done) Who desired to the Morthal (Sire kind of work done) Setting the underlying cause last stating the underlying cause last stating the underlying cause last Setting the underly	DECEASED (Type or Print) BERN	ARD		BURR	OF DEATH	June	21 1951
Antecedent cause (s) PLACE (Home, term, factory, street, Control of Pearly and C	Male Whi	te WIDO	OWED, DIVORCED, selfy) Single	May 14. 18	375 76	yrs. Months	Days Hours Min.
15. WAS DECRASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO. IV. INFORMANT HOSPITAL Records and family, Cate 28, Md. II. INFORMANT HOSPITAL RECORDS and family, Cate 28, Md. II. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I IMmediate cause (a) Antecedent cause(s) Diseases or conditions, if any, (b) Solidary is to the disease or conditions and the death but not related to the disease or conditions contributing to the death but not related to the disease or condition causing death. 192. DATE OF OPERATION 193. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS OF OPERATION 193. MAJOR FINDINGS OF OPERATION 194. MAJOR FINDINGS OF OPERATION 195. MAJOR FIND	done during most of working life, ev brush maker	en if retired) INDUS	TRY	Baltimor	e. Maryland	ry) 12	COUNTRY?
Hospital Records and family, Cat. 28, Md.	(first name	unknown) I	or warm op	Fredri	cka (maider	name unk	mown)
INTERVAL BRYWEE ONSET AND DEATH IMPEDIAL CERTIFICATION INTERVAL BRYWEE ONSET AND DEATH INTERVAL BRYWEE ONSET AND DEATH ONSET AND DEATH INTERVAL BRYWEE ONSET AND DEATH	(Yes, no, or uokoowo) (If yes, give v		OCIAL SECURITY NO.		Records and	family.	lata 28. Md.
Conditions contributing in the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 21. EXTERNAL CAUSE WAS OF OF OFTEN 10 OF Office bldg., etc.) PRIMARY OR CONTRIBUTING OF OFTEN 10 OF OFTEN 10 OFTEN	Immediate cause Antecedent cause(s) Disease or conditions, if a giving rise to the above ca	ny, (b)use		pileps Epile	tie seig pry	me	INTERVAL BETWEEN ONSET AND DEATH
21. EXTERNAL CAUSE WAS PRIMARY GR CONTRIBUTING OF office bldg., etc.) PRIMARY GR CONTRIBUTING OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident suicide, homicide, undetermined. SIGNATURE (Degree or title) ADDRESS DATE SIGNED 23. BURIAL. CREMATION PARE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REGIONAL (Specify) PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	Conditions contributing to the de	ath but not					
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OF ONLY While at work Not while INJURY Not while at work Not while Not wh				CIT	V OP TOWN	COUNTY	Yes 🗑 No 🗆
22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined . SIGNATURE (Degree or titlet) ADDRESS 23. BURIAL. CREMATION PARE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) PATE REC'D BY LOCAL RESISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	PRIMARY OR CONTRIBUTION	VG OF office		(CII	1 OK TOWN)	(COUNTI)	(STATE)
obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) ADDRESS 23. BURIAL. CREMATION PARE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REPOWLE (Specify) PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	OF	While a	t Not while	HOW DID INJU	RY OCCUR?		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	obtained by said Autopsy, I from: natural causes SIGNATURE 23. BURIAL CREMATION) DA	nspection or Inqui accident □, suic	ry, find that said dece ide [], homicide [], (Degree or title) NAME OF CEMETE	ased died on the de- undetermined	ny stated above, and	death in my	pate signed
	DATE REC'D BY LOCAL RE	GISTRAR'S SIGNAT	TURE TURE		RECTOR		David To

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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05656

1. PLACE OF DEATH.		2. USUAL RESIDENCE (F	IOME) OF DECEAS	ED·		
COUNTY	MARYLAND	STATE Marylan	d	COUNTY	PP	
CITY (If outside corporate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corpora		AL and give	nearest town)
OR give nearest town) TOWN FORT HOWard	101 days	Town Green Ga		_		
HOSPITAL OR	TOT GAVS	STREET	(If rural, give l			
INSTITUTION OR STREET ADDRESS Vets Adm Hos	p.Ft.Howard,Md.	ADDRESS	,	,		/
3. NAME OF (First) DECEASED	(Middle)	(Last)		lonth)	(Day)	(Year)
(Type or Print) WILLIAM	C. BUT	TERFIELD	OF DEATH JUI	ne 15		19 51
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	S. DATE OF BIRTH	9. AGE last birthday	If under I	year If unde	r 24 hrs.
Male white	WIDOWED, DIVORCED, (Specify) married	8-31-25	25 yrs.	Months	Days Hours	Mln.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed	10b. KIND OF BUSINESS OR INDUSTRY 1ron Work	Duke Center. P	r foreign country)	C	CITIZEN OF	WHAT
I3. FATHER'S NAME	TION WOLK	14. MOTHER'S MAIDEN		US	2A	
George Butterfield		Grace Greelev				
15. WAS DECRASED EVER IN U.S. ARMED FORCES	17 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS			
(Yes, no, or unknown) (If yes, give war, or dates of Yes, service)	218-18-4205	Clinical Recor		Joan F	+ Howen	M 6
102 (service) (111-2-	18. MEDICAL CE		rs, vous on will	· HOPher	C. Howar	للدولما
		RITHURION			INTERVAL BE	TWEEN
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND	
The state of the s	mbryonal carcinoma	of testicle, r	ight with		ll mos.	
Immediate cause	mbryonal carcinoma sis to regional &	bronchiel lymph	nodes & lin	2000	TT 11102.	
Antecedent cause(s)	sis to regional &	bronchtar Tymph	noues of Tur	TP 2		
Diseases or conditions, if any, (b)		**** **********************************			******************	
giving rise to the above cause stating the underlying cause last						
5/C stating the underlying cause last						
II. OTHER SIGNIFICANT CONDITIONS				-		
Conditions contributing to the death but not						
related to the disease or condition causing deat					20. AUTOPS	7379
TOR. DATE OF OTHER TION	THE STATE OF STREET					
OF ACCEPTANT (No. of the)	CE (Hama fam. fam. and	COVERY OR T	OPAN .			No 🛘
SUICIDE OF INJU		(CITY OR T		COUNTY)	(STATE	6)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?			
INJURY m.	Work At work					
. VA	7 0	. [] 6] [F3 300	neenee	acconon	TOPE
22. I hereby certify that Wattended the	e deceased from	, 19.24., to <u>0.42</u>	, 19, that	上上人口的人	w-the dece	abed.
ali in Apple COCCOCCOCCOCCOCCA in	d that death accurred at 8	:45 A m from the	source and on the	data ata	tad abana	
SIGNATURE DE True	. (Degree or title)	ADDRESS	causes and on the	3 Cate Stai	DATE SIG	NED
7	ACTING CHIEF, SUR	GICAL SERVICE V	AH FT. HOMAT	ED. MD.	6-15-5	7
23. BURIAL, CREMATION DATE THERE	OF NAME OF CEMETE		OCATION (City, tow			
REMOVAL (Specify) 6/19/5	- /			.,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DATE REC'D BY ACCAL REGISTRAR'S	SIGNATURE	nal Cemetery 5:	R Prederic	K Ave.	ADDRESS	ia.
REG. // E/C/	Hedrock	Blight Funeral		Tonfond		toll
0/1/2/1/20.				lariord	. Ku Dal	. COM
	ass.	Michael 7 B	a Marin	22 118 -		

Ker. Finale eu. 1004 The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05657

CERTIFICATE OF DEATH

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-
WATELO. MARYLAND	M.J. DALIO.
CITY (If outside corporate limits, write RURAL and OR give nearest town) A TONS UILLE (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
HOSPITAL OR INSTITUTION OR CATONSVILLE HOME FOR ABED	STREET (If rural, give location) ADDRESS //6 ROSE WOOD AVE.
3. NAME OF (First) (Middle) DECEASED (Type or Print) MARGARET	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 6 - // 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hr Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. PRESS OPERATOR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME CHARLES CAREY	14. MOTHER'S MAIDEN NAME
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS P. J. RUSSELL - PHILADELPHIA PA.
Antecedent cause(s)	CRIFICATION INTERVAL BETWEEN ONSET AND DEATH WELL GOVERNMENT OF STREET CONTROL OF STREET OF STREET CONTROL OF STREET OF STREE
7 Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death sended; See	nils cararacts, blat untran
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work At work	HOW DID INJURY OCCUR?
	19.5%, to dered, 19.5%, that I last saw the deceased m, from the causes and on the date stated above. ADDRESS DATE SIGNED
TO FERRAL A COmparison	GRY OR CREMATORY LOCATION (City, town, or county) (State) FOR A CEM, 301-70, 143
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 6-13-51 / E. Harry	Legisle Fully Catorwells Md.
	1 500119

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BUREAU V. S.

1961 21 Mi.

BECEINED

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05658

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Baltimore MARYLAND	STATE COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) Rural: Towson (in this place)	OR P. / L.
HOSPITAL OR INSTITUTION OR Eudowood Sanatorium Towson 4, Maryland	ADDRESS 2216 Annapolis Road.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) EDDIE GRAHAM	arneal DEATH June 16 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under I year II under 24 hr
Mate (Specify)	July 26, 1900 50 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) Industry Venetian Blind	11. BINTHPLACE (State or foreign country) Caroline, Co Virginia Country,
10 DAMURDIO NAME	14. MOTHER'S MAIDEN NAME
John Carneal	Mangaret Thacker
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Personal History-
(Yes, no, or unknown) (If yes, give war or dates of service)	Hospital Records, Eudowood Sanatorium
no service) 18. MEDICAL CE	
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Atorie colore	Lic Heart Disease e. Hypertension.
Immediate cause (a) Larra (a)	citizen erstast - jight senson.
+200 interested congestine Hear	t Failure, Coronary occlusion. 15 month
Antecedent cause(s) Diseases or conditions, if any, (b)	1) month
giving rise to the above cause	
stating the underlying cause last	Tuhareviosis 15 mo.
	102x160102 2 11 V 3116.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Jan. Dalla VI Vallantava.	Vac El Ma El
DI ACR (Harry features at sections)	Yes No C : (CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE HOMICIDE SPECIFY SPECI	(CITTOR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INTURY m. Work At work	
111001	
22 I hereby cartify that I attended the deceased from December	er 6,19.50, to June 16, 19.51, that I last saw the deceased
-4	/~*
alive on fune 16, 19 5/, and that death occurred at	D. JO, P.m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
11.0 00-1	- 1 C 1 M - 2 - 1
	od Sanatorium, Towson 4, Maryland
	ERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify) Burial 9/20/51 Meadowri	idee Nam. Pk. Darsey, Md.
DATE REC'D RY LOCAL REGISTRAR'S SIGNATURE	24, FUNERAL DIRECTOR / / ADDRESS
REG. 18 5/ AW ledul	1 2/m. J. Unener Tong
- Mer	154941 1/20th 1/1/1.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

			201 22111	, and	eg. Dist. P	10	
1. PLACE OF DEATI	I.		2. USUAL RESIDENCE ((HOME) OF DECI			
COUNTY Bal	timore	MARYLAND	STATE Mary	land	COUNT	CY	
	orporate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corpo	rate limits, write R	URAL and g	ive nearest	town)
OR givo nearest TOWN	town) Towson	yrs. Imos.	TOWN Balt	imore			
HOSPITAL OR		19dys.	STREET	(If rural, gi	ve location)		/
INSTITUTION OF STREET ADDRESS	s The Sheppard	& Enoch Pratt Ho	p. ADDRESS 1532	Park Avenu	е		/
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	Ada	Marie	Carr	DEATH	June	28	1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birth	day If unde	r I year If	under 24 hrs
Female	White	WIDOWED, DIVORCED, (Specify) SINGIE	May 24, 1864	87 3	rs. Months	a Days 1	Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)		12. CITIZEN	OF WHAT
Registered I	orking life, even if retired)	INDUSTRY Nursing	Warwickshire,	England		COUNTRY	S.A.
13. FATHER'S NAM	E		14. MOTHER'S MAIDE				
	William Henr	y Carr	Carolin	e Green			
15. WAS DECRASED EX	ER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS			
(Yes, no or unknown)	(If yes, give war or dates (of	HOSPITAL 5				
	(del viet)	18. MEDICAL CE		ours.	-	1	
w wromanna on co	AND TOTAL ON THE EAST W		,			INTERV	AL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	10	1			ONSET	AND DEATH
Immediate	101 6	lyone My	ve andelles			70	nut
422.1 Immediate	e cause		· ·		*		
Anteceder	it cause(s)	ber as relia ev	(as lens	selles	us .	7	and.
Diseases or c	onditions, if any, (b)				B0000000000000000000000000000000000000		1
1860 stating the u	nderlying cause last						
	(e)			0	· days	1	
11. OTHER SIGNIFI	CANT CONDITIONS	Manie depress	me programa	or, and	7 71	7	gr +
related to the disease	se or condition causing deat	h. Fracture.	left for	w 6/11	151		
19a. DATE OF OPE	RATION 19h MAJOR I	FINDINGS OF OPERATION		- 0 A Q D		20. AU	TOPSY?
Marce 15, 10	151 Pm p	laced in frace:	time of weath a	1 with	emmy	· Yes [No M
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN)	(COUNTY	(S.	TATE)
SUICIDE HOMICIDE	TINI	office bldg., etc.)	*				
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY O	CCUR?			
OF INJURY	m.	While at Not While Work At work					
	J	Man	a .11cl VI.	28 51			
22. I hereby certi	fy that I attended the	e deceased from May	9 , 19 4 9, to June	28, 1957, ti	nat I last	saw the	deceased
alive on Au	A - A - /	d that death occurred at					
SIGNATURE	7 1 2 1	(Degree or title)	ADDRESS	causes and on			SIGNED
DIGITAL ACTION	VVV15 00.	MA-10 TH	HE SHEPPARD & E	NOCH PRAT	T HOSPI	TAI6/	
	" Cigu	, 101 10 ,		1 owson		/2	78/2/
23. BURIAL, CREM. REMOVAL (Spec		Via Man		LOCATION (City,	town, or cou	nty)	(State)
Derne	14 30 - 3		1.2	(moga	lin,	mo.	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	OR ~		ADDE	ESS
REG. 29 1	95/1 /20	con sal	10770	yping &	San		
7			17//	1 / 10	mon	wits,	md.
V Dr. Rol	llin C. Hudson,	Baltimore County	Medical Examin	er, notifi	ed /	25 88	69

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct

VS. A15



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05660

		ERTIFICAT	E OF DEAT	H F	Reg. Dist. No	0.3/	
PLACE OF DEATH- COUNTY Balt	imore	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DEC	EASED.	Yimore	
CITY (If outside corpor OR give nearest tow TOWN	rate limits, write RURAL onsville	and LENGTH OF STAY (in this place)	CITY (If outside corpor	ate limits, write R			wn)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	2304 Rolli	ng Road	STREET MASC	(If rural, g	rive location)		
NAME OF DECEASED (Type or Print)	(First) Charles	(Middle)	(Last) nisholm	4. DATE OF DEATH	(Month) June	(Day) 3,	(Year)
male	white	SINGLE, MARRIED, VIDOWED, DIVORCED, (Specify) Married	Dec. 22, 1870		yrs. Months	Days If und	der 24 hr
oa. USUAL OCCUPATIO	ON (Give kind of work 10 ng life, even if retired) I	Ob. KIND OF BUSINESS OR NOUSTRY	Maryland			COUNTER O	8 a
3. FATHER'S NAME Charle	ed A. chiel	alm	14. MOTHER'S MAIDEN	1 Drust	1		
Yes, no, or unknown) (If	yes, give war or dates of		Mrs. Schroeder,		Home, Co	ckeysvi	lle
Immediate ca Antecedent or Diseasee or condigiving rise to the stating the under	ause(s) itions, if any, above cause		emorrha Mar Dis	Jan		INTERVAL I	
1. OTHER SIGNIFICAN Conditions contributing related to the disease or	T CONDITIONS to the death but not condition causing death.	Carcuion	- 87 Lune	7			
9a. DATE OF OPERAT	ION 19b. MAJOR FIN	DINGS OF OPERATION	0				PSY?
SUICIDE HOMICIDE	OF OF INJURY		(CITY OR T		(COUNTY)	(STAT	ſE)
TIME (Month) (Da OF INJURY	W	JURY OCCURRED hile at Not While Work At work	HOW DID INJURY OC	CURT			
alive on SiGNATURE.	Mortin	hat death occurred at, (Degree or title)	udalle town		the date st	ated above DATE SI	GNED
REMOVAL (Specify)	6/6/51	Abingdon Cem		Abingdon,		ryland	State)
REG.	A- (0)	77.	War e la		C+ Donal	Street	_

mu. 8050

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU K. S.

1961 9 NOI

OSTATEGEIAEI

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05661

I. PLACE OF DEATH. COUNTY Lallo . MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If oddide corporate limits, write RURAL and LENGTH OF STAY OR TOWN (in this place) .	CITY (If outside corporate fimits, write BURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS SJ2 Phila R1.	STREET ADDRESS 6 18 Cen word art.
3. NAME OF DECEASED (First) Vornon (Middle hre (Type or Print) Paul Vornon (hre	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Kine 25 195/
6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specific Transfer of Specific Transfe	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Faul V. Christine Dr.	Dorolly M. Schanck
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. or unknown) (If yes, give war or dates of service)	PV- Christin S1 6618 18 emocal
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Arachiel	skull (orgisted). 1/
136. Antecedent cause(s) Diseases or conditions, if any, (b)	regnal home. The
giving rise to the above cause stating the underlying cause last	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF Office bldg., etc. CAUSE OF DEATH.	Rudula Bato 6 Graffy (STATE)
TIME (Month) (Day) (Year) INJURY OCCURRED While at Not while work at work	Pulled big roll knolem on hi
22. I certify that I took charge of the remains described above, held an A	Autopsy , Inspection , Inquiry thereon and from the evidence eased died on the day stated above, and death in my opinion resulted
from: natural causes [], accident [], suicide [], homicide [], SIGNATURE (Degree of title)	undetermined DATE SIGNED
De Milarmene M.D. Ballo	7 Co. Dunlack 22 md. 6/25/51
23. BUNAL, CREMATION DATE THEREOF NAME OF CEMETE PRINCIPAL (Specific T) 1/1/1/1	of flell your Pa
DATE REC'T BY LOCAL BEGISTRAR'S SIGNATURE REG. 6/27/51 COLUMN APPLICATION	When Sinke Dome Control
116	Solding If

PLEASE

age

05662

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEAT	H•		2. USUAL RESIDENCE (HOME) OF DECEASE	D·
COUNTY	Balto.	MARYLAND	STATE		COUNTY Balto.
OR give nearest	orporate limits, write RURA t town) r butus	AL and LENGTH OF STAY (in this place)	CITY (If outside corpor OR TOWN Arbucu		L and give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R 5542 Oc	kland Rd.	STREET	(If rural, give loo akland Rd.	cation)
3. NAME OF	(First)	(Middle)	(Last)		onth) (Day) (Year)
DECEASED (Type or Print)	HELEN	L. Co	OFFMAN	OF DEATH Ju	ne 16, 1951
female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	June 28. 1894	9. AGE last birthday 56 vrs.	If under 1 year If under 24 hrs Months Days Hours Min.
done during most of v	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	IE I	at home	14. MOTHER'S MAIDEN	NAME	
	rick J. Laib		Mary Fitzgib	hone	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	of 1	17. INFORMANT AND	ADDRESS	Balto. 27, Md.
1.0	service)	no	Mr. Hiram L.	Coffman - 55	42 Oakland Rd.
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY				ONSET AND DEATE
w	4. 4	Rheumatie Car	dia- Uraquel	a dian	2
Immediat	e cause (a)				
7/3 Diseases or giving rise t	nt cause(s) conditions, if any, o the above cause inderlying cause last		***************************************	irah dan dalah da darah musuka musuka musuka iranya.	
Conditions contribu	ICANT CONDITIONS uting to the death but not use or condition causing deat	h.			
		INDINGS OF OPERATION			20. AUTOPSY?
					Yes \ No \
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA(OF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	rown) (Co	OUNTY) (STATE)
	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby cert	ify that I attended the	d that death occurred at	/		
& Curac &		7:D. 4508 Ea	lunden Vil	lage	6/18/51
23. BURIAL, CREM REMOVAL (Spec	6/20/51	Loudon I	Park, Cem.	BAto. Md.	, or county) (State)
DATE REC'D BY REG.	LOCAL REGISTRAR'S		24. FUNERAL DIRECTO	Tickmer 4	ADDRESS
- 9/1/1		10m			Ballo M

2411 N. Charles Street, Baltimore

05663

CERTIFICATE OF DEATH

Reg. Dist. No. 33

CITY (if outside corporate limits, write RURAL and CENTH OF STAY OR give pagest tewn) TOWN CITY (in this optice) TOWN CITY (in this optice) TOWN CITY (in this optice) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL and give nearest town) TOWN CITY (in outside corporate limits, write RURAL	1. PLACE OF DEATH			2. USUAL RESIDENCE (I		
CHY (If outside corporate limits, write RURAL and give searest town) TOWN CIVITION OF THE RURAL and give searest town) TOWN COLUMN CIVITION OF THE RURAL AND STREET COLUMN CIVITION OF THE RURAL BEVERSOR TOWN CIVITION OF THE RURAL AND STREET CIVITION OF THE RURAL BEVERSOR TOWN CIVITION OF THE RURAL AND STREET CIVITION OF THE RURAL BEVERSOR TOWN CIVITION OF THE RURAL AND STREET CIVITION OF THE RURAL BEVERSOR TOWN CIVITION OF THE RURAL AND STREET CIVITION OF THE RURAL BEVERSOR TOWN CIVITION OF THE RURAL AND STREET	Baltimore		MARYLAND	Maryla Maryla	nd Balt	IMOTE
TOWN "IT THEST IN THE HOSPITAL OR INSTITUTION OR WOrthington Valley STREET ADDRESS Worthington Valley 1. NAME OF STREET ADDRESS Worthington Valley 2. NAME OF Henry V. Colt DEATH Under John DECKASED HENRY V. Colt DEATH Under John DECKASED OCCUPATION (Give kind of work Specify) Henry V. Colt DEATH Under John DECKASED WIDOWED PHYCE CO. S. DATE OF BIRTH S. AGE last birthday Hundre John Man. Specify July 100 Man. Spec	CILI (II outside corporate	limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpor	ate limits, write RUR	L and give nearest town)
HOSPITAL OR INSTITUTION OR SUCCESSION OF COUNTY OF COLD OR RACE INSTITUTION OR SUCCESSION OF COUNTY OF COLD OR RACE INSTITUTION OR SUCCESSION OF COUNTY OF COLD OR RACE INSTITUTION OR SUCCESSION OF COUNTY OF COLD OR RACE INSTITUTION OR SUCCESSION OF COUNTY OR SUCCESSION OR SUCCESSION OF COUNTY OR SUCCESSION OF COUNTY OR SUCCESSION OR SUC	TOWN GIVINGON		(In this Oplace)	II III		
ADDRESS Worthington Valley ADDRESS Worthington Valley ADDRESS Worthington Valley ADDRESS A	HOSPITAL OR			STREET		cestion)
DECRASED PROPERTY OF Print) 1. SEX		orthingto	on Valley	ADDDECC		
COLOR OR RACE S. SEX 6. COLOR OR RACE White Complete White Coperity WildOwed Specify WildOwed Coperity WildOwed Aug. 30, 1867 Aug. 3	3. NAME OF	(First)		(Last)	4. DATE (M	onth) (Day) (Year)
Male White White Wide Angles (Specify Widowed Law 100 to the Company of the Compa		nry		Colt	DEATHJune	1.1951
10. SUVAL OCCUPATION (Give kind of work dend of work dend of more from the country) 12. Citriem of What dend difference of the country of	5. SEX 6. CO	LOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last hirthday	If under 1 year (If under 24 h)
10. SUVAL OCCUPATION (Give kind of work dend of work dend of more from the country) 12. Citriem of What dend difference of the country of			(Specify) Widowed	Aug. 30.1867	83 yrs.	Months Days Hours Mir
Comparison Com	10a. USUAL OCCUPATION	(Give kind of work	10b. KIND OF BUSINESS OR			1 12. CITIZEN OF WHA
14. MOTHER'S MAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. MEDICAL CERTIFICATION 18. M	done during most of working	HOTSES	INDUSTRY	Geneseo N.Y.		COUNTRY?
Henry James Colt 15. Was Decreased Ever In U.S. Armed Forces? (Yes., do, or unknown) [If yes, give war or dates of None None					NAME	10.0.
15. WAS DECRASED EVER IN U.S. ARRED FORCES? (Yes, ao, or unknown) (If yes, give and or dates of None None None None None None None None	Henry James	Colt				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Pneumonia 2 weeks Immediate cause (a) Pneumonia 2 weeks Immediate cause (b) Cerebral hemorrhage hemiplegia 5 weeks Six Antecedent cause(s) Diseases or conditions, if any, giving rise to the shove cause (c) Cerebral arteriosclerosis (c) Cerebral arteriosclerosis (d) Cerebral arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) OF Confide bidg., etc.) TIME (Month) (Day) (Year) (Hour) (INJURY OCCURRED (MALE WORK) TIME (Month) (Day) (Year) (Hour) (INJURY OCCURRED (Not Work) While at Not While Not While At work 22. I hereby certify that I attended the deceased from June 6 , 19 49, to June 1, 1951, that I last saw the deceased alive on June 1, 20 ATE SIGNED ATERIOR (Degree or title) ADDRESS M. D. Reisterstown, Id. 6-2-1951 25. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY (LOCATION (City, town, or county)) (State)	15. WAS DECEASED EVER IN	U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Pneumonia 2 weeks Immediate cause (a) Pneumonia 2 weeks Immediate cause (b) Cerebral hemorrhage hemiplegia 5 weeks Six Antecedent cause(s) Diseases or conditions, if any, giving rise to the shove cause (c) Cerebral arteriosclerosis (c) Cerebral arteriosclerosis (d) Cerebral arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) OF Confide bidg., etc.) TIME (Month) (Day) (Year) (Hour) (INJURY OCCURRED (MALE WORK) TIME (Month) (Day) (Year) (Hour) (INJURY OCCURRED (Not Work) While at Not While Not While At work 22. I hereby certify that I attended the deceased from June 6 , 19 49, to June 1, 1951, that I last saw the deceased alive on June 1, 20 ATE SIGNED ATERIOR (Degree or title) ADDRESS M. D. Reisterstown, Id. 6-2-1951 25. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY (LOCATION (City, town, or county)) (State)	(Yes, no, or unknown) (If yes,	give war or dates	None	Miss Julia W	Colt Glyn	don Md.
Immediate cause (a) Pneumonia Antecedent cause(8) Diseases or conditions, if any, giving rise to the shove cause stating the underlying cause last (b) Cerebral hemorrhage hemiplegia (c) Cerebral arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUCIDENT SUCIDE 1NJURY TIME (Month) (Day) (Year) (Hour) INJURY OF Office bidg., etc.) INJURY 1NJURY 1NJURY OCCURRED While at Not While Not While A work 1 ADRESS Authors Address and on the date stated above. DATE SIGNED ATURE (Degree or title) ADDRESS BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	and libertico,	110110			.0020,0231.	
Immediate cause (a) Pneumonia 2 weeks Antecedent cause(s) Disease or conditions, if any, giving rise to the shove cause stating the underlying cause last (c) Cerebral arteriosclerosis 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OFERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE - INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW CITY OF OFF OFF OFF OFF OFF OFF OFF OFF OFF	r Brancada on company	ONE DIDILORE		THE PORTON		INTERVAL BETWEE
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Antecedent cause(s) Diseases or conditions, if any, giving rise to the shove cause stating the underlying cause last (c) Cerebral arteriosclerosis 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUCIDE HOMICIDE OF OFF office bldg., etc.) 22. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUCIDE HOMICIDE OF OFF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork At work Office bldg. At	Y 32-4	(4)	Pneumonia			D wook
Diseases or conditions, if any, giving rise to the shove cause stating the underlying cause last (c) Cerebral arteriosclerosis 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE - INJURY OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork At work At w	immediate caus	B (a)		~ 0 ~ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
stating the underlying cause last (c) Cerebral arteriosclerosis 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) SUICIDE (OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While Work At work How DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from June 6., 19.49, to June 1, 1951, that I last saw the deceased alive on June 1., 1951, and that death occurred at 10.00 mm, from the causes and on the date stated above. DATE SIGNED ADDRESS DATE SIGNED 23. BURNAL (REMATION) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	Diseases or condition	as, if any, (b)	Cerebral hemo	rrhage hemin	legia	5 weeks
(c) Cerebral arteriosclerosis Conditions contributing to the death but not related to the disease or condition against death.	giving rise to the ahe stating the underlylr	ove cause			0	
OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?			Cerebral arter	iosclerosis		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 21. ACCIDENT	Conditions contributing to	CONDITIONS the death hut not				
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) SUICIDE HOMICIDE - INJURY OCCURRED While at Not While INJURY OCCUR? OF INJURY - M. Work At work 22. I hereby certify that I attended the deceased from June 6., 19.49, to June 1, 1951, that I last saw the deceased alive on June 1, 1951, and that death occurred at 10.00, m. from the causes and on the date stated above. SIGNATURE (Degree or title) M.D. Reisterstown, Md. 6-2-1951 28. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)						1 20 AUTOPSY2
21. ACCIDENT SUICIDE SUICIDE HOMICIDE SUICIDE HOMICIDE CF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Work At work At work 22. I hereby certify that I attended the deceased from Tune 6., 19.49, to June 1, 1951, that I last saw the deceased alive on June 1,, 1951., and that death occurred at 10 D m., from the causes and on the date stated above. County) (State) ADDRESS DATE SIGNED Reisterstown, Md. BURNATURE BURNATURE ADDRESS Reisterstown, Md. CEMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)						75
SUICIDE HOMICIDE - OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OCCUR? While at Not While Injury Occur? While at Not While At work 22. I hereby certify that I attended the deceased from Jane 6, 19.49, to June 1, 19.51., that I last saw the deceased alive on June 1, 19.51., and that death occurred at 10	21 ACCIDENT (Spe	oifu) PT A	CE (Home form factory street	· CITY OF T	POWAN)	
22. I hereby certify that I attended the deceased from June 6, 19.49, to June 1, 1951, that I last saw the deceased alive on June 1, 1951, and that death occurred at 10, nor the causes and on the date stated above. Signature M.D. Reisterstown, Md. 6-2-1951 BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	SUICIDE HOMICIDE	OF INJU	office bldg., etc.)			(STATE)
22. I hereby certify that I attended the deceased from June 6, 19.49, to June 1, 1951, that I last saw the deceased alive on June 1, 1951, and that death occurred at 10 p. m., from the causes and on the date stated above. Signature	TIME (Month) (Day)	(Year) (Hour)		HOW DID INJURY OC	CUR?	
alive on June 1, 1951., and that death occurred at 10 0m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED ADDRESS Reisterstown, Md. 6-2-1951 28. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)		m.				
alive on June 1, 1951., and that death occurred at 10 Dm., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED M. D. Reisterstown, Md. 6-2-1951 28. BURIAL RESIDENCY (Specific Or CREMATORY LOCATION (City, town, or county) (State)		. T	Tune 6	10 10 Tuno	151	
M.D. Reisterstown, Md. 6-2-1951 28. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	22. I hereby certify tha	t 1 attended the	deceased from	, 1949, to		I last saw the deceased
M.D. Reisterstown, Md. 6-2-1951 28. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	A aliveron June 1	. 1957 an	d that death commend at	10 no m from the	college and on the	data stated above
28. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	USIGNATURE	#, 15W, all				DATE SIGNED
PEMOVAL (Specifier)	I.h. Land	6				
Cremation June 5.1951 Green Mount Baltimore Md	28. BURIAL, CREMATION				OCATION (City, town	n, or county) (State)
The second secon	Cremation	June 5.	1951 Green Mou	nt	Baltimore.	Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE \ 24. FUNERAL DIRECTOR ADDRESS	DATE REC'D BY LOCAL	REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	R	ADDRESS
REG. 6-4.51 (1) any B. Sine. J.F. Eline & Sons, Reisterstown, Md.	REG. 6-4.51	(1) and	13. 21ino.	J.F. Eline &	Sons.Reist	erstown Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

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BUREAU V. I

DECEDAL

2411 N. Charles Street, Baltimore

05664

CERTIFICATE OF DEATH

1. PLACE OF DEAT	H.		2. USUAL RESIDENCE (
COUNTY	Baltimore	MARYLAND	STATE Maryla	and COUNT	
CITY (If outside c OR givo nearest TOWN	orporate limits, write RUR town) Fort Howard	AL and LENGTH OF STAY 40(in this place)	CITY (II outside corpor OR TOWN Baltin	ate limits, write RURAL and g	ive nearest town)
HOSIIIAL OIL		inistration Hosp.	STREET ADDRESS 137 N.	(If rural, give location) Lakewood Avenue	/
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	JOHN	н.	COMEGYS	OF June	25 1951
6. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	12-3-98	9. AGE last hirthday If under Months	I year If under 24 hrs Days Hours Min.
			Baltimore, 1	Maryland	COUNTRY? USA
William W			Louise Kurtz		
	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
	(If yes, give war or dates (service)			et.Adm.Hosp.,Ft.H	lower d Md
100	Indiana IIII TT	18. MEDICAL CE		out and loops of our	l agricus
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediat	e cause (a)	Reticulum cell s	sarcoma	***************************************	UNKNOWN
55 e stating the u	conditions, if any, (b) the above cause last (c) CANT CONDITIONS uting to the death but not				
	se or condition causing deat	n. FINDINGS OF OPERATION			20. AUTOPSY?
IJA. DAIL OF OLD					
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR T	FOWN) (COUNTY	Yes No You (STATE)
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CURT	
		e deceased from May 16			
SIGNATURE:	COCOXXXXXXXXX an	d that death occurred at.L. (Degree or title)	2:20 P. m., from the ADDRESS		
(0.2.20)	M.D.		rt Howard, Md.		6-25-51
23. BURIAL, CREM REMOVAL (Spec BURTAT.	ATION DATE THERE	1.01		Raltimore Md.	nty) (State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	tional Cemetery	R	ADDRESS
REG. 6/2	118 a	W Hedrick	Harry W.Fanning	Funeral Home, B	alto.Md.
		/			



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05665

Reg. Dist. No.

1. PLACE OF DEAT COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASE	COUNTY	
CITY (If outside of OR give neares)	corporate limits, write RUI		OR Baltim	4 19	L and give nearest	town)
HOSPITAL OR		w Nursing Home	STREET ADDRESS 20 E.	22nd St.	cation)	/
3. NAME OF DECEASED (Type or Print)	(First)		NRADI	OF DEATH June		(Year)
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, SHIPPERTED, (Specify)	Feb.18,1860	9. AGE last birthday 91 yrs.	If under I year III Months Days	under 24 hrs. Iours Min.
10a. USUAL OCCUE	PATION (Give kind of work	10b. Kind of Business or	Germany	or foreign country)	12. CITIZEN COUNTRY	OP WHAT
13. FATHER'S NAM			Unknown	NAME		
15. WAS DECRASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCE (If yes, give war or dates service)	16. SOCIAL SECURITY NO.	Pastor Fritz	O. Evers, C	ity Hall	Plaza
		18. MEDICAL C	ERTIFICATION		1.	
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH				AL BETWEEN AND DEATH
		multiple ou	One: a clouis	Soc on don	\$ 20	h
Immedia	te cause (a)	man joe su	loli, zstenuc	Si Cervio Z	0 0	45
76 Diseases or	nt cause(s) conditions, if any, to the above cause	irtous clerotie and	ovasenla chseus-	awaculer fel	ullata un	Ruag_
	underlying cause last (c)					
Conditions contrib	ICANT CONDITIONS uting to the death but not not condition causing des	ath. arterial embolus	los Peweral ai	tex		
19a. DATE OF OPE	ERATION 19b. MAJOR	FINDINGS OF OPERATION	1	0	20. AU Yes [TOPSY?
21. ACCIDENT SUICIDE HOMICIDE	OF	ACE (Home, farm, factory, street office bldg., etc.) IURY	(CITY OR	TOWN) (C	COUNTY) (S	TATE)
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CCUR?		
		0 - 7	57 0	9		
22. I hereby cor	tify that I attended t	he deceased from June 7	, 1957, to kew	2, 1931., that	I last saw the	deceased
alive on	one 7 1951 a	and that death occurred at.	2:00 P m from the	causes and on the	date stated ab	ove.
SIGNATURE	M.	(Degree or title)	ADDRESS			SIGNED
Horn	es / No Con	MD. 5804 Ed	humpelson Hope (2	alteros 8,1	nd 6/11.	SI
Cremation	June 12	1 /	Crematory	Baltimore	i, or county)	(State)
DATE REC'D BY	LOCAL REGISTRAR	S SIGNATURE	24 FUNERAL DIRECT	OR	ADDI	RESS
REG.	10 00	V HERRING C	Harry W. Hupke	4107 Eamond	I COM A TO	

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of information carefully. death clearly and legibly. ly every item the causes of Suppl MARGIN RESERVED INK. UNFADING 1 nt. Physicians: , WITH UN

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VS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05666

Reg. Dist. No..... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE MARYLAND CITY (If outside corporate limits, write RUPAL and give nearest town) CITY (If outside corporate limits, LENGTH OF STAY OR give neares town) (in this place) OR TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS aeses (Middle) 3. NAME OF (Last) DATE (Month) (Day) (Year) DECEASED 0 (Type or Print) 195 DEATH 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED 8. DATE OF BIRTH 9. AGE last birthday If under 1 year | If under 24 hrs. Months | Days | Hours | Min. (Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 20 Brightick to. (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 50 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Carcinoma of Dreast Yes 🗆 No Z PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY 21. ACCIDENT (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE TIME (Month) (Day) (Year) INJURY OCCURRED HOW DID INJURY OCCUR? (Hour) OF While at Not While INJURY Work At work 19.49, to June 5th, 1951, that I last saw the deceased 22. I hereby certify that I attended the deceased from Feb. alive on June SIGNATURE (Degree or title) ADDRESS DATE SIGNED 91 5 BURIAL CREMATION REMOVAL (Secity) E OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town or county) (State) REGISTRAR'S FUNERAL DIRECTOR DATE REC'D BY LOCAL ADDRESS

SONEWAY IS SONE AND THE SONE OF THE WAY AND THE SONE OF THE SONE O

WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

PLEASE

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05667

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-		
COUNTY Parkville MARYLAND	STATE Maryland CountyParkville		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)	
OR give nearest town) Baltimore (in this place)	Town Baltimore		
HOSPITAL OR	STREET (If rural, give location)		
INSTITUTION OR TREET ADDRESS 7805 Elmhurst Road	ADDRESS 7805 Elmhurst Road		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)	
(Type or Print) Ernst W. K.	Dames OF June 2	3rd 19 5	
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Special riled)	8. DATE OF BIRTH 9. AGE last birthday If under 1 Feb. 19, 1888 63 yrs. Months		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LINDUSTRY		CITIZEN OF WHAT	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Ernst Dames	l? Fuch		
	17. INFORMANT		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of 216209-4048	Mrs. Mary K. Dames, 7805 El	mhurst Rd.	
18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
Immediate cause (a) Cerebral arteriosc	lerosis	5 yrs.	
334X Antecedent cause(s) Hypertension		5 Yrs.	
Diseases or conditions, if any, (b)	**************************************		
97 stating the underlying cause last			
(c)	<u> </u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
		Yes No	
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE HOMICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?		
OF While at Not While INJURY m. Work At work			
22. I hereby certify that I attended the deceased from May	, 19 46, to June 23, , 19 51, that I last sa	w the deceased	
alive on June 23, 1951, and that death occurred at	1:30 a. m., from the causes and on the date sta	tad above	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED	
1 1066		, ,	
	516 Cathedral St., Baltimore, Md.	6/25/51	
	RY OR CREMATORY LOCATION (City, town, or county		
Burial 651 More land	Mem. Park Baltimore, Mar	yland	
		ADDRESS	
1/25/3/ 1 1 Herry	Leonard J. Ruck, 5305 Harfo	ra Koad.	
VJT		591206	

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. STATEMARYland COUNTY COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) Fort Howard in this place) Baltimore TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm. Hosp., Ft. Howard, Md. STREET (If rural, give location) ADDRESS 1420 Harlem Ave. 3. NAME OF (First) (Middle) (Last) 4. DATE (Year) (Month) (Day) DECEASED 16 DAVIS June GEORGE 51 (Type or Print) DEATH 19 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify Married 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs. 5. SEX Months ! Dave | Hours | Min. Male 3-10-92 Colored 10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) COUNTRYTUSA INDUSTRY Berlin. Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Phylis Derickson DAVIS 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of Clin. Rec. Vet. Adm. Hosp. Ft. Howard. Md. unknown 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (Cerebral vascular accident 1 day Immediate cause Antecedent cause(s) (b) Hypertensive cardiovascular disease with unknown Diseases or conditions, if any, giving rise to the above cause nephrosclerosis stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗍 No F PLACE (Home, farm, factory, street, OF office hldg., etc.) (CITY OR TOWN) (COUNTY) 21. ACCIDENT (Specify) (STATE) SUICIDE INJURY HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that Kattended the deceased from June 15, 151, to June 16, 1951 That Kattended the deceased from June 15, 151, to June 16, 1951 200 Co. XXXX and that death occurred at 5.45 P.m., from the causes and on the date stated above. SIGNATURI Frank & Poole My Degree or title) ADDRESS DATE SIGNED FRANK E. POOLE, M.D. VETERANS ADMINISTRATION HOSPITAL FT. HOWARD.MD. 6-17-51 23. BURIAL CREMATION DATE THEREOF NA. REMOVAL Specify 6 20 3 DATE REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE NAME OF GEMETERY OR CREMATORY LOCATION (City, town, or county) 24. FUNERAL DIRECTOR ADDRESS Chas. G. Cooper 512 Carrollton Ave. Balto . Md.

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MARGIN RESERVED WITH UNFADING INK. PLAINLY, is especially i WRITE PLEASE

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Maryland				
CITY (If outside co OR give nearest TOWN	orporate limits, write RURA town) Fort Howard	L and LENGTH OF STAY 52 in this place)	CITY (Il outside corpo	rate limits, write RURAL and g	ive nearest town)		
HOSPITAL OR INSTITUTION OR STREET ADDRES		inistration Hosp.	STREET ADDRESS 1137	(If rural, give location) N. Charles Stree			
3. NAME OF	(First)	(Middle)	17.1				
DECEASED (Type or Print)	ARTHUR	(NMI)	(Last) DEETS	4. DATE (Month) OF DEATH June	(Day) (Year)		
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED	s. DATE OF BIRTH 3-16-89	9. AGE last birthday If under Months	J year If under 24 hrs Days Hours Min.		
done during most of we Window Was	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY OWNER	York. Pennsy	or foreign country)	2. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME			
Charles De	ete		Anna (MN Unk	nown)			
	ER IN U.S. ARMED FORCES?	I I6. SOCIAL SECURITY NO.	17. INFORMANT AND				
(Yes, no or unknown)	(If yes, give war, or dates of						
162	service) WW 1	Unknown	Clin.Rec., Vet	.Adm. Hosp. ,Ft. Hov	ward.Md.		
		IS. MEDICAL CE	RTIFICATION				
I. DISEASES OR CO	NDITIONS DIRECTLY I	EADING TO DEATH			ONSET AND DEATH		
Immediate	cause (a) BF	CONCHOGENIC CARCIN	WOMA, RIGHT LUNG	3	UNKNOWN		
giving rise to stating the un	onditions, il any, (b) the above cause nderlying cause last (c) CANT CONDITIONS						
Conditions contributed to the disease	ting to the death but not e or condition causing death	. PULMONARY TUBERO	CULOSIS WITH CAY	VITY FORMATION IN	UNKNOWN		
19a. DATE OF OPER	RATION 19b. MAJOR F	INDINGS OF OPERATION	KIGHT TUMOR		20. AUTOPSY?		
					Yes 🗗 No 🛘		
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJUI		(CITY OR	rown) (COUNTY	(STATE)		
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CURT			
		deceased from April 1					
SIGNATURE		(Degree or title)	ADDRESS		DATE SIGNED		
Merle.	S. Scher No	/t-OD 1	7AH, FORT HOWAR		6-9-51		
23. BURIAL, CREMA REMOVAL (Special Burial)	(y) 6-12-5.	l Baltimore 1	Vational	Baltimore, Mary			
DATE REC'D BY L	OCAL REGISTRAR'S		24. FUNERAL DIRECTO	OR .	ADDRESS 09 Harford		
		VJT	Mildred T	Blighted., Ba	Itimore, Md.		

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Be 05672

I. PLACE OF DEATH	H· imore	MARYLAND	2. USUAL RESIDENCE (I STATE Maryland		COUNTY		
OR give nearest	orporate limits, write RURA	LENGTH OF STAY (In this place) 2 Vrs.	CITY (If outside corpor OR TOWN Baltimo:	re		earest towo)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R SS Spring Grove	7mths. 17 day State Hospital	STREET ADDRESS 1730	(If rural, give i Thomas Aven			/
3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle)	(Last) DOWLING	OF		Day)	(Year) 19 51
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) DIVORCED	8. DATE OF BIRTH Feb. 20, 1886	9. AGE last birthday 65 yrs.	If under I y	ays If unde Hours	Min.
	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Electric Co.	Maryland			ITIZEN OF	WHAT
Joseph Do			Alice Owen:				
15. WAS DECRASED E (Yes, no, or unknown)	ver In U.S. Armed Forces (If yes, give war or dates of service)	? 16. SOCIAL SECURITY NO.	Hospital Reco	rds, Catonsv	ille 28	, Mary	land
Immediat 443 Antecede Disease or giving rise to stating the to	e cause nf cause(s) conditions, if any, o the shove cause underlying cause last (c) CANT CONDITIONS		Cardia fai	lure scular d		AND	
related to the disea	uting to the death but not use or condition causing deat	h. FINDINGS OF OPERATION			1	O. AUTOP	QV9
ISA. DATE OF OPE	198. MAJOR I	FINDINGS OF OFERATION			'		No 🗆
2t. EXTERNAL CA PRIMARY OR CO CAUSE OF DEAT	ONTRIBUTING OF	CE (Home, farm, factory, street, office hldg., etc.) JRY	(CITY OR	TOWN) (COUNTY)	(STATI	€)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OC	CUR?			
obtained by say	ATION PATE THERE	ins described above, held an A r Inquiry, find that said deced, suicide , homicide , one particle of NAME OF CEMETERS	ased died on the day state undetermined []. ADDRESS ADDRESS RY OR CREMATORY	LOCATION (City, tov	in my ap	DATE SIG	ulled GNED 2051 tate)

2411 N. Charles Street, Baltimore

05670

CERTIFICATE OF DEATH

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Callmore MARYLAND	STATE Md. COUNT	Bació.
OR give nearest town). (in this place)	CITY (If outside corporate limits, write RURAL and giv	re nearest town)
TOWN give parest town Town (in this place)	TOWN Calousville	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS 23 Newberg and	ADDRESS 23 Newberg ave	
3. NAME OF / (First) / (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) AMALIA URESS	IER DEATH CLINE	16 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MUNICIPALITY	8. DATE OF BIRTH 9. AGE last birthday If under Months	Days If under 24 hrs. Hours Min.
102 USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY TOME	Dalto Md	Country!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Louis Becker	1. Meresa / mes,	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	John a. Nressler San	ne-
18. MEDICAL &	ERTIFICATION	1.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES ON CONDITIONS DIVISION OF A CONDITION OF A C	1	18m 11
Immediate cause (a) Jenual Co	ellmonialises	10 moves
175× Antecedent cause(s)	N Mari	In Chai
Diseases or conditions, if any, (b).	1 9,0009	10,000
giving rise to the above cause stating the underlying cause last		0
(c) Tagets &	Usuce	ansane
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		20. AUTOPSY?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF While at Not While Not		
7//	, 194/, to 6/16 , 195/, that I last s	awa Aba daasaa J
22. I hereby certify that I attended the deceased from	, 19.7.f., to. w, 1942f., that I last 8	aw the deceased
alive on 9/14 , 195 , and that death occurred at a (Degree or title)	ADDRESS and on the date st	ated above. DATE SIGNED
Elist wx Ohuson M4 3	432 Soulei Ble acue	91851
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	CRY OR CHEMATORY LOCATION (City, town, or coun	ty) (State)
DATE BECD BY LOCAL REGISTRAR'S SIGNATURE	24, FÜNERAK DIRECTOR	ADDRESS / 6
69 (8/59 160) redict	VIII. Lanking Sono lo 49	05 VorkRd.
3. /		/

2 1 Solmier 3432 Frederick 1230-2

important.

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WRITE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

490 00

Reg. Dist. No. 3 C 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY Baltimore MARYLAND Maryland CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY OR givo nearest town) Catonsville (in this place) OR Catonsville HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) Opitz Home 5743 Edmondson Avenue (Mlddle) 3. NAME OF (First) 4. DATE (Last) (Month) (Dav) (Year) DECEASED William S (Type or Print) Dunning DEATH June 17th 19 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced 6. COLOR OR RACE S. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs. Months | Days | Hours | Min. Male 12/20/1875 10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? Syracuse, N. Y.

14. MOTHER'S MAIDEN NAME Virginia Shankland William D. Dunning 15. WAS DECRASED EVER IN U.S. ARMED FORCES? I 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of S Dunning-503 Wolfs Lane Pelham Manor 18. MEDICAL CERTIFICATION INTERVAL BETWEEN. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH MYOCARDITIS. CHRONIC. MOS. Immediate cause Antecedent cause(s) SENILITY ----MONTHS Diseases or conditions, if aoy, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19h. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No F 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bldg., etc.) (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) Not While While at INJURY Work At work 22. I hereby certify that I attended the deceased from May, 15 19.51 to JUNE, 171951, that I last saw the deceased alive on JUNE, 4, 1951, and that death occurred at 1:15Pm., from the causes and on the date stated above.
ADDRESS DATE SIG (Degree or title) DATE SIGNED 610. FREDERICK ROAD. CATONSVILLE MD JUY
NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) June 17 23. BURIAU CREMATION | DATE THEREOF REMOVAL (Specify) Removal Oakwood Syracuse, N. Y 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL ADDRESS Wm. J. Tickner &Sons N&Pa Aves Balto, MI Dr Lloyd Johnson

610 Frederick Avenue.





2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05673

1. PLACE OF DEATH.		2. USUAL RESIDENCE (H		
COUNTY Baltimore	MARYLAND	STATE Maryla	.nd COU	NTY
CITY (If outside corporate limits, write RURA OR give nearest town) TOWN FOR HOWARD	L and LENGTH OF STAY (in this place)	CITY (If outside corpora	te limits, write RURAL and	d give nearest town)
INSTITUTION OR	inistration Hosp.	STREET ADDRESS 1309 W	(If rural, give location Lombard Stre	et /
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) FRANK	Α.	ELPHRING	DEATH June	
6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	11-16-86	9. AGE last hirthday If un Mon	der I year If under 24 hrs the Days Hours Min.
done during most of working life, even if retired) Clerk (unemployed)	10h. KIND OF BUSINESS OR INDUSTRY	Baltimore, Mar	yland	12. CITIZEN OF WHAT COUNTRY? USA
Francis A. Elphring		14. MOTHER'S MAIDEN Susan Pierce		
15. WAS DECRASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of Yes) (Service)	1 16. SOCIAL SECURITY No. Unknown	Clin.Rec., Vet.	Address Adm.Hosp.,Ft.H	oward, Md.
	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) PU	LMONARY EMPHYSEMA			UNKNOWN
דת	LATATION & HYPERT	ROPHY OF RIGHT V	ENTRICLE	UNKNOWN
4343 Antecedent cause(s) Diseases or conditions, if any. (b)		************************************		TO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
giving rise to the above cause stating the underlying cause last (c)				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	HEMORRHAGIC CYST	ITIS		3 days
19a. DATE OF OPERATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT (Specify) PLAC OF HOMICIDE INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COUN	
TIME (Month) (Day) (Year) (Hour)	TATITIDY OCCUPAND			
OF INITIRY m.	Work At work	HOW DID INJURY OCC	CUR?	
INJURY m. l	While at Work At work			
22. I hereby certify that Whattended the	while at Work Not While At work deduces deceased from June 22	, 19.51, to June2	6, 19.5 1., 20000	
INJURY m. l	while at Work Not While At work deduces deceased from June 22	, 19.51, to June2	6, 19.5 1., 20000	
22. I hereby certify that Wattended the SIGNATURE	while at Not While At work at work at deceased from June 22. d that death occurred at 2. (Degree or title)	, 19.51, to June2 50.Am., from the ADDRESS	6, 19.51, mecons causes and on the date	stated above. DATE SIGNED
22. I hereby certify that Wattended the SIGNATURE 23. BURIAL CREMATION DATE THEREO REMOVAL (Specify)	while at Not While At work at	, 19.51, to June 2 50. A	6, 19.51, monotons causes and on the date of the course	e stated above. DATE SIGNED 6-26-51 ounty) (State)
22. I hereby certify that Wattended the SIGNATURE A PLAN JO. ACTI 23. BURIAL, CREMATION DATE THEREO	while at Not While At work at	, 19.51, to June 2 50. A	6, 19.51, response causes and on the date of the course	e stated above. DATE SIGNED 6-26-51 ounty) (State) ryland ADDRESS
22. I hereby certify that Wattended the Signature. 23. Burial Cremation Date Thereo Removal (Specify) Date Thereo Date Registrars.	while at Not While At work at	, 19.51, to June 2 :50. A	Causes and on the date of the Correct HOWARD, MD OCATION (City, town, or call baltimore, Man	e stated above. DATE SIGNED 6-26-51 ounty) (State) cyland

820

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05674

1. PLACE OF DEATE	·		2. USUAL RESIDENCE (HOME) OF DECEASI	
CITY (If outside of	ore	MARYLAND	STATE Marvla	nd	COUNTY
CITY (If outside co OR give nearest TOWN	orporate limits, write RURA town) Fort Howard, M	d. LENGTH OF STAY	CITY (Il outside corpor OR TOWN Baltimon		AL and give nearest town)
		nistration Hosp.	STREET ADDRESS 480 Ch	(If rural, give lo	ocation) irfield Homes
3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) J. FAL	(Lest) KNER		ontb) (Day) (Year)
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	5-9-95	1	If under 1 year If under 24 hrs. Months Days Hours Min.
done during most of w	ATION (Give kind of work orking life, even if retlied)	10b. KIND OF BUSINESS OR INDUSTRY	Baltimore, Mary	or foreign country)	12. CITIZEN OF WHAT COUNTRY! USA
Raymond Fa			Rose Fisher	4 44 44 44 44	
15. WAS DECRASED EV	ER IN U.S. ARMED FORCES!		17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dates o	unknown	Clin.Rec., Vet.Ac		Howard . Md .
	July 1	18. MEDICAL CE		Allerios pe 31 0 e	nowar as mas
I. DISEASES OR CO	NDITIONS DIRECTLY				INTERVAL BETWEEN ONSET AND DEATE
Immediate	cause (a) CA	RCINOMA OF BLADDE	R WITH METASTASI	ES	Unknown
giving rise to	f cause(s) conditions, if any, the above cause nderlying cause last		***************************************		***************************************
11. OTHER SIGNIFI Conditions contribu related to the disease	(c) CANT CONDITIONS ting to the death but not so or condition causing death	1.			
		INDINGS OF OPERATION			20. AUTOPSY?
5-24-51	Carcinoma	of bladder with	metastases		Yea D No X
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC	E (Home, farm, factory, street, office bidg, etc.)	(CITY OR	rown) (C	COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) i	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR1	
	B	deceased from May 23			
NIMENNXXXX SIGNATURE	XXXXXXXXX and	i that death occurred at. I	0:45 A.m., from the	causes and on the	date stated above. DATE SIGNED
A.E. PUGH, M.		VAH, Fort H		LOCATION (City, town	6-2-51
REMOVAL (Speci Burial DATE/REC/D BY J	(y) 6-603	Sacred Heart	10.75	German Hill F	Rd. Baltimore, Md
REG //-/	7/20	Laduel	Lilly & Zeiler	The state of the s	ADDRESS Olfe,Balto,Md.
///	, ,	- 1)			

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05675

COUNTY Baltimore MARYLAND	STATE Washington, D.C. COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town), TOWN (in this place)	CITY (If outside exporate limits, write RURAL and give r OR TOWN	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET (It rural, give location) ADDRESS Wheeler Road SE. ##	•
3. NAME OF DECEASED (First) (Middle) (Type or Print) Weldon COVEY	Teathers DEATH June	Day) (Year) 23 195/
6. COLOR OR RACE TO SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Mayried	1 JUNE 14, 1908 1 43 yrs. 1	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	Virpinia	CITIZEN OF WHAT
13. FATHER'S NAME George Feathers	14. MOTHER'S MAIDEN NAME Ella Heime wright	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Pt's hospital vecord	
18. MEDICAL CE		NTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Acute Myocardial I		48 hows
Antecedent cause(s) Diseases or conditions, it any, giving rise to the above cause stating the underlying cause last (c) (c)	malaria	
Conditions contributing to the death but not related to the disease or condition causing death. levitary Syphilis 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	-General Paresis)	20. AUTOPSY?
I TO THE COLUMN		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		
alive on. June 23,4, 1957, and that death occurred at! SIGNATURE: (Degree or title)	ADDRESS Spring Grove State Hospital	DATE SIGNED
23/ BUBAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY D'CATION (City, town, or punty)	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG24-51 TE HOW	Venue a Torde Calar	ADDRESS

BUREAU V. S.

1961 23 NOL

BECEINED

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH-	STA	AL RESIDENCE (HO	OME) OF DECEASE	ED. COUNTY		
	RYLAND GTH OF STAY CIT	Maryland Y (If outside corporat	a limita muita DITO	AT and also		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN (24tonsville 18	this place) OR TOY	vN Baltimor	'e			vn)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State H	STR	EET 3100 M	(If rural give)	cation) Cerrace	•	/
3. NAME OF (First) (Middle) (I	ast)	4. DATE (M	onth)	(Day)	(Year)
(Type or Print) CATHERINE ANN.	A FI	SCHER	OF DEATH JUI		4	1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MIDOWED, (Specify)	DIVODCED	• 27. 1871	. AGE last birthday 80 yrs.	Months.	Days Hou	der 24 hrs.
	BUSINESS OR 11. BII	RTHPLACE (State or litimore, Mar			CITIZEN COUNTRY?	U.S.
13. FATHER'S NAME		THER'S MAIDEN	NAME		, 44	-
Gottlieb Fischer		lizabeth Kei	1		~	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	ECURITY No. 17. INI	ospital Reco	ords, Catons	ville	28, M	d.
I	. MEDICAL CERTIFICA	TION			INTERVAL	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH				ONSET AN	D DEATH
Immediate cause (a) Acute	Heart failure	ස හරු දිළ පිරුද්ධයාද හ සහ ඒ සහ පා ප ප්රේණ සඳහාදාදාදා උපදාල පදා		LE 00 0 00 0 00 E G	1	day
490 Antecedent cause(s)						
Cardi ac	dilitation du	e to oversta	rain	10	yea	rs
12 / giving rise to the above cause Arterios	clerotic heart	disease			yea	rs
	zed arterioscl	erosis			yea	
II. OTHER SIGNIFICANT CONDITIONS Chronic Conditions contributing to the death but not related to the disease or condition causing death.	zed arterioscl interstitual n	ephritis			yea	rs
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF	OPERATION				20. AUT	PSY?
					Yes 17	No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm OF office bldg., et INJURY	, factory, street, c.)	(CITY OR TO)WN) ((COUNTY)	(STA	
TIME (Month) (Day) (Year) (Hour) INJURY OCC	URRED HOW At work	DID INJURY OCC	UR?			
22. I hereby certify that I attended the deceased fr						
alive on June 4 , 19 51, and that death	occurred at 4:25	a.m., from the	auses and on the	date sta	ted abov	e.
SIGNATURE (Degree	e or title // ADD	Spring Gro	we St. Hosp	ital	DATE S	IGNED
Elhel B. Hen man	n Greenme	Catonsville	28, Maryl	and	6-4-51	
REMOVAL (Specify)	E OF CEMETERY OR	CREMATORY LO	CATION (City, tow	n, or county	2	State)
DATE REGID BY LOCAL REGISTRAR'S SIGNATURE	24. FH	NERAL DIRECTOR	menso	11	ADDRE:	is A
REG. 5/5/ Du. Hed	rul S.	Kruck	5305	Nac	ford	CK
	000		112	082/	9	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

()5677 Reg. Dist. No.

	The state of the s	
1. PLACE OF DEATH- COUNTY COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED-COUNT	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and	give nearest town)
TOWN (In this place)	TOWN seasontrale	
HOSPITAL OR INSTITUTION OR OIL OI PO	STREET (If rural, give location)	
STREET ADDRESS Dolleeld V.d.	martie Ra.	~
3. NAME OF DECEASED (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Cameel Venus 1016	el pr. DEATH 6-	16 195
5. SEX 6. COLOR OF RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify) Und and	8. DATE OF BIRTH 9. AGE iast birthday If under Month	
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of forking life yeu if settred) Belleton Conf. p	- Harbert Sall	COUNTRY
13. BATHER'S NAME	14, MOTHER'S MAIDEN NAME	26 10 11-
Le O House Foster	Herritta Blekemore	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	Dec al
(Yes, no, or unknown) (Wyes, give war or dates of 171-09-9509	Helen C. Dannelly -	Ocerino
18. MEDICAL CE	ETIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ρ	INTERVAL BETWEEN ONSET AND DEATH
1 11 2 1	1 Sangar	1001
Immediate cause (a) UOULUUOU	ca /	
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
470 stating the underlying cause last		
(c) A	A A	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.	x loss & wright	3 mus
19a DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
houl		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJUCIDE INJURY	(CITY OR TOWN) (COUNT	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
22. I hereby certify that I attended the deceased from June	3 105/ to 6=/6 105/ that I lost	sow the deceased
22. I hereby certify that I attended the deceased from	w., 1904, to war, 1904, that I last	saw the deceased
alive on 4-/6-, 19 /., and that death occurred at	m., from the causes and on the date	stated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
5766 Merales non	Mescrell & my	0/18/5/
23. BURIAL COMMATION DATE THEREOF NAME OF CEMETE	CRY OR CREMATORY LOCATION (City, town, or cou	unty) (State)
PREMOVAL (Specify) (e/19/51 Grend	Keelse Tidesville 1)	rea.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 EUNERAL DIRECTOR	ADDRESS
The 18 18 18 Tr 26 Wehalo	truck N. Meurle - Tra	esvelle, m
		300334



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05679

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Ballo MARYLAND	STATE COUNTY	B- 14
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e hearest town)
OR give nearest town) (In this place)	TOWN hwdlenn	Jusque
HOSPITAL OR	STREET (If ru'al give lo ation)	Vall Jal
INSTITUTION OR STREET ADDRESS Old Court Road	ADDRESS old Court &	vad.
3. NAME OF (First) (Middle)	(Last) . 4. DATE (Month)	(Day) (Year)
(Type or Print) Clara Ball	Zarce DEATH Muse	2-3 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthway If under Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry		CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
11 Doulamin Mode	Harraret Smooth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes. no, or unknown) (Il yes, give war or dates of service)	Stank Kaglend 200 W	20PSL HY
18. MEDICAL CE	RTIFICATION	1
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETTEEN ONSET AND DEATH
	1. 7.	ONOSI AND DEATS
Immediate cause (a) White Ca	Vascular disease	
11501.		
Antecedent cause(s) Disease or conditions, If any, (b)	Vascular disease	
, giving rise to the above cause		***************************************
93 stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No D
21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Diffice bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY m. work at work		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. work at work	utopsy . Inspection . Inquiry thereon and	from the evidence
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work at work 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	utopsy [], Inspection [], Inquiry [] Thereon and ased died on the dry stated above, and death in my	from the evidence opinion resulted
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. work at work	utopsy [], Inspection [], Inquiry [] Thereon and ased died on the dry stated above, and death in my	from the evidence opinion resulted
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while m. While at work at work 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decefrom: natural causes accident , suicide , homicide k	autopsy [], Inspection [], Inquiry [] thereon and ased died on the dry stated above, and death in my undetermined []. ADDRESS	DATE SIGNED
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Not while INJURY Not while at work 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decentaries in accident suicide homicide SIGNATURE Hegrey or present the said that the said decentaries Hegrey or present the said decentaries Hegrey or pre	autopsy , Inspection , Inquiry thereon and assed died on the day stated above, and death in my undetermined . ADDRESS 3.6. /0/0 Lade and	DATE SIGNED
TIME (Month) (Day) (Year) (Hour) While at Not while m. INJURY OCCURRED work at work at work 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decent action in alural causes accident , suicide , homicide .	autopsy , Inspection , Inquiry thereon and assed died on the day stated above, and death in my undetermined . ADDRESS 3.6. /0/0 Lade and	DATE SIGNED
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Not while in While at work at work 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decefrom: natural causes accident suicide homicide sIGNATURE 23. BURIAL CREMATION PATE THEREOF NAME OF GEMETE DATE REC'D BY LOCAL SEGISTRAR'S SIGNATURE	Autopsy [], Inspection [], Inquiry [] thereon and ased died on the dry stated above, and death in my undetermined []. ADDRESS RY OR CREMATORY LOCATION (City, town, or county)	DATE SIGNED
TIME (Month) (Day) (Year) (Hour) NJURY OCCURRED Not while Not while work at work 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decefrom: natural causes accident suicide homicide SIGNATURE 23. BURIAL CREMATION PATE THEREOF NAME OF CEMETE NAME	Autopsy [], Inspection [], Inquiry [] thereon and ased died on the dry stated above, and death in my undetermined []. ADDRESS ACO 10 Location (City, town, or found the content of the c	DATE SIGNED SELECTION (State)

2411 N. Charles Street, Baltimore

05680

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Ballinge MARYLAND	STATE New york COUNTY	new Gord.
CITY (If outside corporate limits, write RURAL and) LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	
OR give nearest town) (in this place)	OR 24	e nearest town)
TOWN arbeites 3mo	TOWN New York.	
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	
INSTITUTION OR 5205 Leed ave.	ADDRESS 370 - Fort Washin	stor aver
8. NAME OF (First) (Middle)		
TO VICEN LAND	OF	(Day) (Year)
(Type or Print) ELSIE HERMINA	FRETWELL DEATH JUNE	7 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) manual	8. DATE OF BIRTH 9. AGE last birtbday If under Months 5 6 yrs.	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	3.0.1	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY /	Ball your	COUNTRY?
13. FATHER'S NAME	Barringe , maryand	9.5.
. 1	14. MOTHER'S MAIDEN NAME	
Herman Kruse	Rose Helber	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of service)	husband -	
	Market and the second s	
18. MEDICAL CER	RIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	0.00	
Immediate cause (a) Cancer	of Uterus	2 420
174	(7-2-51 ams)	
Antecedent cause(s)	(1 5 - 52 6045)	
Diseases or conditions, if any, (b) giving rise to the above cause	***************************************	***************************************
stating the underlying cause last		
(e)		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
hone none		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE HOMICIDE OF office bldg., etc.)	non	(021224)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m. Work At work	none	
22. I hereby certify that I attended the deceased from I april	, 1951, to 8 June, 1951, that I last s	aw the deceased
	4	
	4	
alive on	4	
alive on 3. June, 19.5./, and that death occurred at	ADDRESS and on the date sta	
alive on 8. June, 19.5/, and that death occurred at/ SIGNATURE (Degree or title) William Soudman, M.D 1	ADDRESS ADD	
alive on 8. June, 19.5/, and that death occurred at/ SIGNATURE (Degree or title) William Soudman, M.D 1	ADDRESS ADD	ated above. DATE SIGNED There ST
alive on 8 June 19.1., and that death occurred at	ADDRESS 33 V Sulphur April ACCATION (City, town, or count.)	ated above. DATE SIGNED There ST
alive on 8. June, 19.5, and that death occurred at	ADDRESS ADDRESS 33 V Sulphur Apring Av. RY OR CREMATORY LOCATION (City, town, or count	tted above. DATE SIGNED Thus 57 (State)
alive on 8 June 19.1., and that death occurred at	ADDRESS 33 V Sulphur April ACCATION (City, town, or count.)	ated above. DATE SIGNED There ST
alive on	ADDRESS ADDRESS 33 V Sulphur Apring Av. RY OR CREMATORY LOCATION (City, town, or count	tted above. DATE SIGNED Thus 57 (State)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

6

7S. A15

PDEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05681

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	,
COUNTY Des there MARYLAND	STATE MUNT	lenat
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If of side corporate limits, write RURAL and giv	re nearest town)
OR give persest town) (in this place) TOWN (or this place)	TOWN Prhysocle	
HOSPITALOR	STREET (If rural, give iocation)	
STREET ADDRESS Hooks Lane	Hooks Jane -	
3. NAME OF (First) (Middle)	(Last) Q 4. DATE (Month)	(Day) (Year)
(Type or Print) William Edward 9	arrich on DEATH 6-	13 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under Months	1 year If under 24 hrs. Days Hours Min.
male white (Specify) lendown	1/13/187/ 80 yts.	
40a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	COUNTRY?
Lavols suc Rds. Com.	Baltinaic Comby	9.5.4.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George Garrish	Catherine Whiles	
15. WAS DECRASE EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of 10 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	17. INFORMANT June Ecleved Garrish - Hostes 7	for Pa. A
(Yes. no, or unknown) (If yes, give war or dates of 218-22-9476	with second factor . Leaster	was wanted
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
(Mary M	11 1 A B 1 1 1 1 T.	miller
Immediate cause (a)	goodway	
Antecedent cause(s)	. b/	Wilde.
Diseases or conditions, if any, (b)	wrong.	- July
giving rise to the above cause stating the underlying cause last	•	
95a (e)		1(
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not		12
related to the disease or condition causing death.	,	/
19n. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY	HOW DID INJURY OCCUR?	
OF While at Not While	HOW DID INSULT GOODLE	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	195/, to June 13, 195/, that I last s	aw the deceased
1	71.1-1	
alive on 195, and that death occurred at.	m., from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
166 mehalo mo	Turescribe & mel	0/14/5/
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LLOCATION (City, town, or coun	ty) (State)
PREMOVAL (Specify) 6/15/51 Store Che	El (Tikesialle, des	nstand
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 6-14 51 Pr & & Mehal	(teams H. newell 17.9.	er ale la
		1/1/9/2/

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0568,2

1. PLACE OF DEAT COUNTY	H.		2. USUAL RESIDENCE (I	HOME) OF DECEASED.	NTY
Baltin	nore	MARYLAND	Maryland		
OR give neares	corporate limits, write RUR.	AL and LENGTH OF STAY (in this place)	OR CITY (If outside corpor	ate limits, write RURAL an	d give nearest town)
TOWN Cator	neville	2 mths	TOWN Baltim		
HOSPITAL OR INSTITUTION O	A.P.	2 1 da ys	STREET ADDRESS 2 0 35	(If rural, give location	n)
STREET ADDRE	ess Spring Grove	a State Hospital	18 Yor	k Court	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	SAMUEL	ADISON	GIFFIN	OF DEATH June	18. 19 5]
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last birthday If us	
Mala	White	WIDOWED, DIVORCED,	Feb. 28, 1867	Mor	the Days Hours Min.
Male	PATION (Give kind of work	(Specify) married	11. BIRTHPLACE (State of	84 ym.	12. CITIZEN OF WHAT
dooe during most of	working life, evon If retired)	INDUSTRY			COUNTRY?
salesman	473	farm implement	Indiana 14. MOTHER'S MAIDEN		U.S.
13. FATHER'S NAM					
Jacob C				hel Kittle	402
	EVER IN U.S. ARMED FORCES (II yes, give war or dates of		17. INFORMANT AND		
(1es, no, or unknown)	service)		Hospital Recor	ds. Catonsville	28. Md.
		18. MEDICAL CE			
A DIGMAGES OF CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR C	ONDITIONS DIRECTLI	LEADING TO DEATH			ONBET AND DEATH
Immedia	4	Primary bronchogen	ic carcinoma of	the right lung	Unknown
110V					y
Antecede	ent cause(s)	with metastases to	the mediastinu	m	
Diseases or	conditions, if any, (b)		***************************************	of deviation deviates and dates and not require instructions and notice of the date of the	-0 4 1 1 4 14 4 4 4 7 4 4 4 4 4 4 4 4 4 4
	underlying cause last				
410	(c)				21
11. OTHER SIGNIF	ICANT CONDITIONS	Arteriosclerotic	hoont discoso		[Carrama]
Conditions contrib	outing to the death but not	h. Generalized arte	riosolerosis		Several yrs
19a. DATE OF OPE	RATION 19b. MAJOR H	INDINGS OF OPERATION	TOSCICIOSIS		1 20. AUTOPSY?
					V- F V- F
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR 7	rown) (coun	TY) (STATE)
SUICIDE	OF INJU	office hldg., etc.)	(OIII OII	(6001	(SIRIE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
OF INJURY	m.	Work At work			
				- 0 -	
22. I hereby cert	tify that I attended the	e deceased from April 2	0, 19.51., to June	18., 1951, that I la	st saw the deceased
	20 -05				
	me10, 1951, an	d that death occurred at]. (Degree or title)	ADDRESS	causes and on the dat	
SIGNATURE	,		ing Grove St. H	ocnital	DATE SIGNED
6/1/1/	13 Henma		onsville 28. Md	osproar	6-18-51
23. BURIAL, CREM			RY 60 CONTROL Y	OCATION (City, town, or	county) (State)
REMOVAL (Spe		Meadowridge	e Memorial		Maryland
DATE REC'D BY			24. FUNERAL DIRECTO	- Marie P	W
REG.		Total de sel	Hm. Cook Suc	1217 St. Par	il Street
0/00/	J/ //-W	Tara	Trans. Carry Acc		

PLEASE WRITE PLAINLY,

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Be 05683

Reg. Dist. No.....

1. PLACE OF DEATH- COUNTY Baltimore	M. BW. AND	2. USUAL RESIDENCE (Maryla		ED. COUNTY
CITY (If enteride economete limits muite DIIDAI	MARYLAND ad LENGTH OF STAY			L and give nearest town)
Town give nearest town Fort Howard	3 days place)	OR TOWN Baltin		and give measons come;
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Admini	stration Hosp.	STREET ADDRESS 1002 I	ruid Hill A	venue
3. NAME OF (First)	(Middle)	(Last)	4. DATE (M	onth) (Day) (Year)
DECEASED THOMAS	(NMI)	GOINES	OF DEATH	June 4 1951
6. COLOR OR RACE 7. S	INGLE, MARRIED, IDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH	9. AGE last birtbday 50 yrs.	If under 1 year If under 24 brs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b	. KIND OF BUSINESS OR DUSTRY	Emporia, Vir		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Richard Goines		Lucy White		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give war, or, dates of	8. SOCIAL SECURITY NO.	17. INFORMANT		71 77 - 3 262
Yes service) WW II	213-02-2527		c.Aam.Hosp.,	Ft.Howard,Md.
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEAD	DING TO DEATH			ONSET AND DEATE
CI.	STRO-INTESTINA	T UEMODDUACE		TIABL MOREST
Immediate cause (a)	DING-IMIDITIME	THE PROPERTY OF THE PARTY OF TH	70 017701 (2001 00 01 00 1000 10	UNK NOWN
Antecedent cause(s) Diseases or conditions, if any, (b)	IRRHOSIS OF THE	LIVER		UNKNOWN
244 giving rise to the above cause stating the underlying cause last			**************************************	
(e)				
II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing death.	JIMONARY CONGES!	TION		TERMINAL
19a. DATE OF OPERATION 19b. MAJOR FIND	INGS OF OPERATION			20. AUTOPSY?
				Yes M No
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Off CAUSE OF DEATH.	Home, farm, factory, street, ice bldg., etc.)	(CITY OR	TOWN) (C	COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJ OF Whi	URY OCCURRED ile at Not while ork at work	HOW DID INJURY OC	CCUR?	
22. I certify that I took charge of the remains of	described above, held an A	Lutopsy 🔣, Inspection 🗆], Inquiry [there	eon and from the evidence
obtained by said Autopsy, Inspection or Inc. from: hothral causes , accident , s	quiry, fina that said dece	asea area on the any state	ea anove, and aeath	in my opinion resuited
SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
1 100 aus MA	allu mit	Hanne D.	undus:	2 h 6-4-51
23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify)	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town	
BURTAT.	BALTO NATTO	DNAT. CEMETERY	Baltimore,	Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGN	NATURE	24. FUNERAL DIRECTO	OR	ADDRESS
6/5/5(Aldolph Halsted	1, 918 Druid	Hill Ave. Balto

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

						/
1. PLACE OF DEAT		MARYLAND	2. USUAL RESIDENCE (I		COUNTY (3000 60
CITY (If outside c	orporate limits, write RUR	AL and I LENGTH OF STAY	CITY (If outside corpor		L and give n	earest town)
OR give nearest	Howard	(in this place) 8 days	TOWN Baltime	re		
HOSPITAL OR	R 37-1 13 77	201 27 3 273	STREET ADDRESS	(If rural, give lo	cation)	
		.,Ft.Howard, Md.	ADDRESS 8912 Au	idrey Avenue		
3. NAME OF DECEASED	(First)	" (Mlddle)	(Last)	OF		Day) (Year)
(Type or Print) 5. SEX	CARROLL 1 6. COLOR OR RACE	C. 7. SINGLE, MARRIED,	GORDON 1 S. DATE OF BIRTH	DEATH JUI		6 1951
Male	White	WIDOWED, DIVORCED, (Specify) Married	3-8-96	9. AGE last hirthday	Months Di	Bar Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State of	55 ym.	1 12. 0	CITIZEN OF WHAT
done during most of	working life, even if retired)	INDUSTRY ,	Baltimore, Mo		Cot	USA USA
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME		OSA
James Goz			Laura Smith			
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY No.	17. INFORMANT AND			and the second
Yes	(If yes, give war or dates service)	" 213-10-2234	Clin.Rec., Vet	.Adm. Hosp. Ft	.Howard	d. Md.
		18. MEDICAL CE	RTIFICATION		In In	NTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				NEET AND DEATH
7	(a) I	OBAR PNEUMONIA OF	RIGHT UPPER LOS	3E	1	Unknown
120 Immediat	e cause (*)					
Antecede	nt cause(s)	lyocardial, Renal	and Splenic Infa	rets	1	Unknown
alving rise t	o the shove cause	×				
140 stating the	inderlying cause last					
II. OTHER SIGNIF	CANT CONDITIONS					
Conditions contribu	uting to the death but not	h.				
		FINDINGS OF OPERATION			2	0. AUTOPSY?
						Yes 🛣 No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR T	TOWN) (C	OUNTY)	(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?		
INJURY	m.	Work At work				
22. I hereby cert	ify that Kattended th	e deceased from 5-29	, 1951 , to 6-6	, 19.51, that	POSTOR	APP GOODS
\$116E90000	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	d that death occurred at 3	:36 P. m. from the	causes and on the	date state	d above.
SIGNATURE		(Degree or title)	ADDRESS			DATE SIGNED
(16 Cor	se M.D.		VAH Fort Howa			6-6-51
23. BURIAL, CREM REMOVAL (Spec	ATION DATE THERE		RY OR CREMATORY I			(State)
Burial DATE REOD BY/	10/9/3	Parkwood Ce	metery	Baltimore, 1	ld.	- DDDDDGG
REG. 2	C/ KIGISTICAR'S	1 /6 /				ADDRESS
-0///	- Wa	- News	Blight Funeral	A Polts	more, l	Ra.,
/ /		1 1000	Me: 11.17 RD-	A post of	TIMI O !	HU . C

VS. A15

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05685

1. PLACE OF DEATH			2. USUAL RESIDENCE	(HUME) OF DECEAS		
COUNTY	Baltimore	MARYLAND	STATE	and	COUNTY	
CITY (If outside co OR give nearest to TOWN	porate limits, write RUR.		CITY (If outside corpo		AL and giv	e nearest town)
HOSPITAL OR			STREET	(If rural, give l	ocation)	1
INSTITUTION OR STREET ADDRES		ministration Hosp.		Union Avenue		
3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) W	(Last) GREEN	OF DEATH	June 1	(Day) (Year) 1951
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTIECT,	8. DATE OF BIRTH 2-21-89	9. AGE last hirthday	If under Months	year ill under 24 hrs.
10a. USUAL OCCUPA	TION (Give kind of work beking life, even if retired)	10h. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State Savage, Mary			CITIZEN OF WHAT
13. FATHER'S NAMI			14. MOTHER'S MAIDE	N NAME		
George Gre	en		Theresa Duff			
15. WAS DECRASED EV	ER IN U.S. ARMED FORCES	16. Social Security No.	17. INFORMANT AND			
Yes unknown)	(If yes, give war or dates of service)	Unknown	Clin.Rec., Ve	t.Adm.Hosp.,	Ft. Hov	vard, Md.
		18. MEDICAL CE				
I. DISEASES OR CO.	cause (a)A	LEADING TO DEATH ISTORY OF PNEUMON GUTE BRONCHITIS: I	IA BRONCHIECTAS IS	3 w	reeks p	Interval Between Onset and Deate reviously Unknown Unknown
Anteceden	f cause(s) onditions, if any, (b)N			di di awa ji mana ku pur 00 00 00 00 00 00 00 00 00 00 00 00 00		OMETIONAL
Anteceden Diseases or cogiving rise to	f #01100(c)				**************************************	- CIRILONII
Anteceden Diseases or cogiving rise to stating the un 11. OTHER SIGNIFIC Conditions contribut	f cause(s) the above cause aderlying cause last (c)	CALCIETC DISEASE	E OF AORTIC VAL	VE	3 '	Unknown
Anteceden Diseases or cogiving rise to stating the un 11. OTHER SIGNIFIC Conditions contribut related to the disease	f cause (5) conditions, if any, the above cause derlying cause last (c) CANT CONDITIONS ting to the death but not e or condition causing deat	CALCIETC DISEASE	E OF AORTIC VAL	VE	3.	
Anteceden Diseases or cogiving rise to stating the un 11. OTHER SIGNIFIC Conditions contribut related to the disease	f cause (5) conditions, if any, the above cause derlying cause last (c) CANT CONDITIONS ting to the death but not e or condition causing deat	one h. CALCIFIC DISEASI	E OF AORTIC VAL	VE		Unknown
Anteceden Diseases or cogiving rise to stating the un 11. OTHER SIGNIFIC Conditions contribut related to the disease	cause (6) conditions, if any, the shove cause derlying cause last (c) can't CONDITIONS ting to the death but not e or condition causing deat tation 19b. MAJOR F	h. CALCIFIC DISEASIFINDINGS OF OPERATION CE (Home, farm, factory, street, office hidg., etc.)	E OF AORTIC VAL		COUNTY)	Unknown
Anteceden Diseases or cogiving rise to stating the un 11. OTHER SIGNIFIC Conditions contribut related to the disease 19a. DATE OF OPER 21. ACCIDENT SUICIDE HOMICIDE	cause (6) conditions, if any, the shove cause iderlying cause last (c) CANT CONDITIONS ling to the death but not e or condition causing deat tATION 19b. MAJOR I (Specify) PLA OF	h. CALCIFIC DISEASIFINDINGS OF OPERATION CE (Home, farm, factory, street, office hidg., etc.)		TOWN) (296	Unknown 20. AUTOPSY? Yes No
Anteceden Diseases or egiving rise to giving rise t	cause (s) conditions, if any, the shove cause aderlying cause last (c) CANT CONDITIONS ting to the death hut not e or condition causing deat taTION 19b. MAJOR I (Specify) PLA OF INJU (Day) (Year) (Hour) m.	h. CALCIFIC DISEASIFINDINGS OF OPERATION CE (Home, farm, factory, street, office hidg., etc.) INJURY OCCURRED While at Not While Work At work e deceased from June 1 (Degree or title)	How DID INJURY OF O. 19.51, to June. 0:23 A.m., from the ADDRESS	TOWN) (COURT 17, 1951, Than a causes and on the	COUNTY) XIXIANX	Unknown 20. AUTOPSY? Yes No (STATE) (STATE)
Anteceden Diseases or ex- giving rise to stating the un 11. OTHER SIGNIFIC Conditions contribut related to the disease 19a. DATE OF OPER 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certify ALBERT TO	cause (s) conditions, if any, the shove cause aderlying cause last (c) CANT CONDITIONS ting to the death hut not e or condition causing deat taTION 19b. MAJOR F (Specify) PLA- OF INJI (Day) (Year) (Hour) m. Ty that Waattended the	h. CALCIFIC DISEASIFINDINGS OF OPERATION CE (Home, farm, factory, street, office hidg., etc.) URY While at Not While Work At work e deceased from June 1 (Degree or title)	O. 19.51, to June. O. 23 A. m., from the ADDRESS	TOWN) (COURT 1.7, 19.51, Than a causes and on the	COUNTY) XIXING XE e date sta	Unknown 20. AUTOPSY? Yes No (STATE) WALLOW CONTROL ATE SIGNED 0. 6-18-51
Anteceden Diseases or cogiving rise to giving rise	cause (s) conditions, if any, the shove cause aderlying cause last CANT CONDITIONS ting to the death hut not e or condition causing deat tATION 19b. MAJOR I (Specify) PLA OF INJ (Day) (Year) (Hour) m. Ty that Waattended the	CALCIFIC DISEASIFINDINGS OF OPERATION CE (Home, farm, factory, street, office hidg., etc.) JRY INJURY OCCURRED While at Not While Work At work e deceased from June 1 (Degree or title) CHING CHIEF, MEDIC OF NAME OF CEMETE Baltimore	CITY OR How DID INJURY OF O:23 A.m., from the ADDRESS CAL SERVICE, VARY OR CREMATORY National	TOWN) (COURT 17, 19.51, Than a causes and on the H, FORT HOWA LOCATION (City, town Baltimore,	COUNTY) XIXING XE e date sta RD MI rn, or count	Unknown 20. AUTOPSY? Yes No (STATE) WALK MICHIGAN (STATE) WALK MICHIGAN (STATE) WALK MICHIGAN (STATE) On the signed (State) (
Anteceden Disease or experience of the stating the unit of the uni	cause (s) conditions, if any, the shove cause aderlying cause last (c) CANT CONDITIONS ting to the death hut not e or condition causing deat taTION 19b. MAJOR F (Specify) PLA- OF INJI (Day) (Year) (Hour) m. Ty that Waattended the	CALCIFIC DISEASIFINDINGS OF OPERATION CE (Home, farm, factory, street, office hidg., etc.) JRY INJURY OCCURRED While at Not While Work At work e deceased from June 1 (Degree or title) CHING CHIEF, MEDIC OF NAME OF CEMETE Baltimore	CAL SERVICE, VARY OR CREMATORY National	TOWN) (COURT 17, 19.51, Than a causes and on the H, FORT HOWA LOCATION (City, town Baltimore, or	COUNTY) EXIMAL X e date sta RD, MI ra, or count Maryla	Unknown 20. AUTOPSY? Yes No (STATE) (STATE) (STATE) (STATE) (STATE) (STATE) (STATE) (ST
Anteceden Diseases or cogiving rise to giving rise	cause (s) conditions, if any, the shove cause aderlying cause last CANT CONDITIONS ting to the death hut not e or condition causing deat tATION 19b. MAJOR I (Specify) PLA OF INJ (Day) (Year) (Hour) m. Ty that Waattended the	CALCIFIC DISEASIFINDINGS OF OPERATION CE (Home, farm, factory, street, office hidg., etc.) JRY INJURY OCCURRED While at Not While Work At work e deceased from June 1 (Degree or title) CHING CHIEF, MEDIC OF NAME OF CEMETE Baltimore	CITY OR How DID INJURY OF O:23 A.m., from the ADDRESS CAL SERVICE, VARY OR CREMATORY National	TOWN) (COURT 17, 19.51, Than a causes and on the H, FORT HOWA LOCATION (City, town Baltimore, or	COUNTY) EXIMAL X e date sta RD, MI ra, or count Maryla	Unknown 20. AUTOPSY? Yes No (STATE) (STATE) (STATE) (STATE) (STATE) (STATE) (STATE) (State) (ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY MARYLAND (If outside corporete limits, write RURAL and LENGTH OF STA CITY (If outside corporate limits, write RURAL and give nearest town) (in this place STREET (If rural, give location) ADDRESS 3. NAME OF (Last) 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 9. AGE last hirthday If under I year IIf under 24 hrs. Months | Days | Hours | Min. 10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF 11. BIRTHPLACH (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying ceuse last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deeth. 19a. DATE OF OPERATION) 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No 🗆 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. (CITY OR TOWN) (STATE) PLACE (Home, farm, factory, street, (COUNTY) office bldg., etc.) INJURY INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Huur) While at Not while hone work INJURY at work 22. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 🔲. Inquiry 🗀 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes . accident ., suicide ., homicide ., undetermined ... DATE SIGNED (Degree or title) 27. BURIAL CRUMATION NAME REMOVAL (Specify) DATE REC'D BY LOCAL

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

05687

COUNTY		Z. USUAL RESIDENCE (HOME) OF DECEASED.	msz
Baltimore	MARYLAND AL and LENGTH OF STAY	STATE Maryland	Balt	imore
CITY (If outside corporate limits, write RUR,	CITY (If outside corpor	ate limits, write RURAL and	give nearest town)	
OR give nearest town) TOWN near Towson	(in this place)	TOWN near To	wson	
HOSPITAL OR		STREET	(If rural, give location)	
INSTITUTION OR STREET ADDRESS at home		ADDRESS 133 D	umbarton Road	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) ETTA	SMITH	GRIFFITH	OF DEATH June	5 151
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	Month	er 1 year If under 24 hrs. as Days Hours Min.
Female White	(Specify) Married	Abt.Sep-25-1903		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIIE	10b. Kind of Business or Industry at home	Greensboro,		COUNTRY A.
13. FATHER'S NAME	e.v nome	14. MOTHER'S MAIDEN	NAME	0.0.22
Fisher B. Smith		Mary Ellen		
15. WAS DECEASED EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT	1,000	
(Yes, no, or unknown) (If yes, give war or dates of NO NO NO	None	Thos. M. Griffith	(husband) 133 I	Dumbarton Rd.
	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
The state of the s	Malianat	Hills tensi		5 1/2.
Immediate cause (a)	17411973476	Hyperteusio	<i></i>	73
Antecedent cause(s)				
Diseases or conditions, if any, (b)	, , , , , , , , , , , , , , , , , , ,			
giving rise to the above cause stating the underlying cause last				
(c)				
IL OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing deat				
19a. DATE OF OPERATION 19b. MAJOR I				20. AUTOPSY?
21. ACCIDENT (Specify) PLA	CE (Home, farm, factory, street,	(CITY OR 7	OWN) (COUNT	Yes No Y
SUICIDE OF INJU	office bldg., etc.)	CITTOR	(COUNT	I) (SIAIL)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY m.	While at Not While Work At work			
22. I hereby certify that I attended the	e deceased from	, 19.3, toQ	, 192 , that I last	saw the deceased
alive on 5-5 1937, an	d that death occurred at	T: 00 p m from the	causes and on the date	stated shows
SIGNATURE 7	d that death occurred at	ADDRESS	causes and on the date	DATE SIGNED
01019119011		200 0		
	1.D. 11 C.	these of		6-6.51
23. BURIAL, CREMATION DATE THEREGREE REMOVAL (Specify) OUT 1 all 6-8-51	NAME OF CEMETE Spring H		Easton. Md.	unty) (State)
DATE REC'D BY LOCAL REGISTRAR'S		24. FUNERAL DIRECTO		ADDRESS
REG. 6/6/51 RW	Hedrick	Stewart & Mower	- 16 h.	th-Av-Balto.
	VIT			

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

05688

Billiett Funeral Home. 1129 N. Caroline St. Baltimore, Md.

THE COLUMN TWO						
1. PLACE OF DEAT	Baltimore	364 DVI 437D	2. USUAL RESIDENCE STATE Mary]		COUNTY	
CITY (If outside c		MARYLAND AL and LENGTH OF STAY		orate limits, write RUF	LAI, and give	Degreet town)
OR give nearest	t town Fort Howard	3 days place)		more 31	war and Elic	most dot sown)
HOSPITAL OR INSTITUTION O	P		STREET	(If rural, give		
STREET ADDRE		ministration Hosp	125 1	allas Street	,	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (M	Month)	(Day) (Year)
(Type or Print)	JANES	W.	HAMILTON	DEATH	June 1	195
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH	9. AGE last birthday	If under 1 Months I	year If under 24 hr
Male	Colored	WIDOWED, DIVORCED, (Specify) Single	11-11-11	39 уп.		Days Hours Min
done during most of v	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12.	CITIZEN OF WHAT
Bricklaye	working life, evon if retired)		Raleigh, No	rth Carolina	L	USA
13. FATHER'S NAM			14. MOTHER'S MAIDE	N NAME		
William H	Hamilton		Lula Emmers	}		
15. WAS DECEASED E (Yesno. or unknown)	VER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND			
Yes	(1) yes, give war or dates of service)	" Unknown	Clin.Rec.,V	et.Adm.Hosp.	Ft. How	ard, Md.
		18. MEDICAL CE	RTIFICATION		1.	
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATE
	7.	shaw Dominania wi	-h+ -447	7 7 - h	3	YY 1
Immediat	O CHIMOO	obar Pneumonia, ri	Sur mreare and	Tower Topes	and	Unknown
4140 X Anteceder	ni cause(s)	eft lower lobe.				
Diseases or	conditions, if any, (b) F	atty Liver	01	**************************************		Unknown
	o the above cause underlying cause last					
108	(c)				1	
	CANT CONDITIONS					
	uting to the death but not use or condition causing deat	h			1	
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION				20. AUTOPSY?
						Yes K No
21. ACCIDENT	(Specify) PLAC	CE (Home, farm, factory, street,	(CITY OR	TOWN)	(COUNTY)	(STATE)
SUICIDE HOMICIDE	INJU	office bldg., etc.)				
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY O	CCUR?		
OF INJURY	m.	While at Not While Work At work				
		35 00		2 ~2		
22. I hereby cert	ify that VAttended the	deceased from May 29	, 19.51, to.June	, 19.5.L.XXX	XXXXXXXX	XDOEGO GOODX
Whorkwarv	vvvvvvvdovvv. an	d that death occurred at	1:22 A. m from th	e causes and on th	a data stat	ed above
SIGNATURE	WAYNENANIA	(Degree or title)	ADDRESS	o causes and on th	e dave stat	DATE SIGNED
א די דווויים	11 D //2014	VAU Box	Howard Md		0.0	
A.E. PUGH,			Howard, Md.	1001 mag	6-2	
23. BURIAL, CREM REMOVAL (Spec			RY OR CREMATORY	LOCATION (City, to		
Burial	10/3/5/	Baltimore Nat	TOHAL	Frederick	Md. Balt	0., Ma.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE VS ALL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05689

CERTIFICAT	TE OF DEATH Reg. Dist. No. 3.7
1. PLACE OF DEATH. COUNTY Galtemore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bultimore
HOSPITAL OR INSTITUTION OR MUSSONIC Johns of Md	STREET ADDRESS 7/6 d. Horth are
3. NAME OF (Figt) (Middle) DECEASED (Type or Print) Lula B.	Harris DATE (Month) (Day) (Year) DEATH June 15 1957
Female 6, COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ALLOW	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs Oct. 17-1872 78 yrs. If under 24 hrs Months. Days Hours Min.
done during most of working life, even if retired) Journal Occupation (Give kind of work done during most of working life, even if retired) INDUSTRY	HESTORY Summares Co 12. CITIZEN OF WHAT COUNTRY?
Sylverter Brancican	Catherine Bosman
15. Was Ducrased Ever In U.S. Armed Forces? (Yes, not or unknown) (If year, give war or dates of nervice)	Jaura M. Schrolder
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Barshar	Decompensation Interval Between ONSET and DEATH
120.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	lerotic Hurt Desease
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7 Yes No N
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Man	, 19.47, to Jacob 19.57, that I last saw the deceased
alive on find the death occurred at	Cockeyprille Hd 6/15/5
REMOVAL (Specify) 6/19/51 Jouden	RY-OR CREMATORY (LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 6 5 5 Course 14. Schoolder	24. FUNERAL DIRECTOR ST Paul & Reston ST

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05690

Reg. Dist. No.....

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY	Balto
CITY (If outside corporate limits, write RURAL and LURATH OF STAY OR give nearest town) TOWN	CITY (If outside corporate limits, write RURAL and give OR Ruyal Tows Som	,
HOSPITAL OR INSTITUTION OR GROUNDS OF Sheppard- STREET ADDRESS Fratt Hespital	STREET ADDRESS GOUNG S OF SPICE	ppavd -
3. NAME OF (First) (Middle) DECEASED (Type or Print)	(Last) 4. DATE (Month) OF DEATH June	(Day) (Year)
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) (Specify)	8. DATE OF BERTH 9. AGE last hirthday If under	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
Donald Harvey Hosp.	14. MOTHER'S MAIDEN NAME MOLY AND Mac L	ellan
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, po or unknown) (II yes, give war or dates of 121-24-3630	17. INFORMANT AND ADDRESS Wife / Shebbard-Pratt	Hosp.
18. MEDICAL CE	ERTIFICATION	
I, DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Carcinoma	of bowel with meta-	4 mos
153X Antecedent cause(s)	stases.	
Diseases or conditions, if any, (b)	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
46 & stating the underlying cause last		
(c)		In the second
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	•	20. AUTOPSY?
	cinoma	Yes 🗆 No 其
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE HOMICIDE SPECIFICATION SPECIFICATIO	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jeb-	7 , 19 51, to June 12, 1951, that I last s	aw the deceased
alive on Mark 19.51, and that death occurred at SIGNATURE. (Degree or title)	ADDRESS Towson, Md.	ated above. DATE SIGNED
Charles terris, M.D. Sheppara	d-Fratt Hospital June	13,1951
REMOVAL (Specify) 6-16-1951 SOUTH ME	ROADS CEM. SOUTH MT. ROAD	S MO.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	14-M-JENKINS & JOHS (0. 4402	MRY KO.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

Bc 05691

590656

1. PLACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town Lessens (in, this place), 3 house	CITY (If outside comporate limits, write RURAL and given Baltimore	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Street Address	ADDRESS 2 2 09 Linksook as	e. /
8. NAME OF (First) DECEASED (Middle) (Middle) (Type or Print) Prax Hilleard /	Yendler DEATH June	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify); Lynces	Jan. 13, 1887 64 yrs. Months	I year If under 24 hrs. Dnys Hours Min.
10a. USUAL OCCUPATION (Givo kind of work 10b. Kind of Business on done during most of working life, even if retired) INDUSTRY	BIRTHPLACE (State or foreign country)	COUNTRY? U. O. A.
13. FATHER'S NAME Glor Jendler	14. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of 217-01-9108	Esther Friedman (Jayohter)	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Prysoddiol		INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Heart Frilme	4 weeks.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	unberwhous - Smartine	20 year.
19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	Yes No No (STATE)
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
SIGNATURE (Degree or title)	ADDRESS ADDRESS	
23. BURIAL, CREMATION DATE REMOVAL (Specify) Fune 6/95 Acher Free Date RECD BY LOCAL REGISTRAR'S SIGNATURE	RY OR CREMATORY LOCATION (City, town, or count will builts mily	ADDRESS (/).
REG. 6/5/ / Du Heavel	Sol Zumonr Bm U	north an
/ // 4		

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05692

COUNTY Balti	mone			2. USUAL RESIDENCE (I	HOME) OF DECE	COUNT	Y	-
			YLAND	STATE Maryland				
OR give nearest	town fort Howar	d (ing	th of STAY	CITY (If outside corpora OR Baltimon		RAL and gi	ive nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	VET . Adm. Hos	p.,Ft.Howar	d,Md.	STREET ADDRESS 835 Mc	(If rural, give cKim St.	e location)		1
3. NAME OF DECEASED (Type or Print)	(First) GEORGE	(Middle)	HEUB	(Last)		Month) une l	(Day) 5	(Year) 19 51
6. SEX Male	6. COLOR OR RACE White	7. SINGLE, M. WIDOWED, M. (Specify)	ARRIED, DIVORCED,	8. DATE OF BIRTH 3-25-09	9. AGE last hirthda	Months	1 year If unde Days Hours	r 24 hra.
done during most of w	ATION (Give kind of wo orking life, evon if retire	ek 10h. KIND OF		Baltimore, Maryla	r foreign country)		2. CITIZEN OF COUNTRY USA	WHAT
13. FATHER'S NAM			0	14. MOTHER'S MAIDEN Elizabeth ??				
15. WAS DECRASED EV (Yes, ne of unknown)	ER IN U.S. ARMED FOR (If yes, give yer Tot dat service)	ce of unknown		Clin. Rec., Vet.	ADDRESS Adm. Hosp., F	t.Howa	rd,Md.	
			MEDICAL CE	RTIFICATION			T	
I. DISEASES OR CO	NDITIONS DIRECTL	Y LEADING TO I	DEATH				INTERVAL BE	
Immediate	cause (a).	Massive 1	eft cerel	oral hemorrhage			$5\frac{1}{2}$ hrs.	D
33/X Anteceden	onditions, if any, (b)	History o	f Hyperte	ension			unknown	1
	the above cause aderlying cause last (c)	Cardiac D	ilatation	a & hypertrophy			unknown	1
II. OTHER SIGNIFIC Conditions contribu- related to the disease		t eath.						
19s. DATE OF OPER	RATION 196. MAJO	R FINDINGS OF O	PERATION				Yes X	SY?
21. ACCIDENT SUICIDE HOMICIDE	0.	LACE (Home, farm, F office bidg., etc. IJURY	factory, street,	(CITY OR T	'OWN)	(COUNTY		
TIME (Month) OF INJURY	(Day) (Year) (Hour)	While at No	RRED ot While At work	HOW DID INJURY OC	CUR?			
22. I hereby certi	fy that attended	the deceased from	May 7	, 19.51 , to June :	15, 1951		SACE CEC	ased X
SIGNATURE	RBuson	(Degree	or title)	7,30 P m., from the ADDRESS			tated above. DATE SIG	NED
23. BURIAL, CREMA	TION DATE THE	VETERANS NAME	ADMINIST OF CEMETE	RATION HOSPITAL RY OR CREMATORY L	FT. HOWARD, I	WD. or coun	6-16-51 (Sta	ata)
Burial (Speci	(y) (9/18/	5/ Dr	id Ridge	R	eisterstown		Balto., Md	
DATE REC'S BY I	S / FZ	SIGNATURE	nel	24. FUNERAL DIRECTO	6009 Harfor	d Rd.	Baltimor	e,Md

SE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

05693

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
TOWSON MARYLAND	mary tand	-OWSOII
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Baltimore (in this place)	CITY (If outside corporate limits, write RURAL and give on Baltimore	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 950 Dulaney Valley Rd.	STREET (If rural, give location) ADDRESS 950 Dulaney Valley F	load
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) William Oscar H	levell DEATH June	11th 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specifical OWE)	May 29, 1883 68 yrs. If under Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business on Industry INDUSTRY Pressman		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles Hevell	Mary Miesinger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of 213-01-9571	Mr. Wm. R. Hevell, Sr. 950 D	Dumaney Vly
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
On.	/ > .	
Immediate cause (a)		a ma.
422. / Antecedent cause(s) Diseases or conditions, if any, 131 giving rise to the above cause	e nyshethi	6 mar
stating the underlying cause last (c)	o-solerosis	Zyn.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death,	-	-
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	_	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July	1- 1057 to 6-11 105/ 1047	am the decrees
alive on	6:10 P.m., from the causes and on the date st	ated above. DATE SIGNED
Matuer Moorey, mon.	3105 Belan Rd;	6-12-51
TO FOLLOW AT (Consider)	RY OR CREMATORY LOCATION (City, town, or count	(State)
Burial 6-14-51 Moreland Date REC'D, BY LOCAL REGISTRAR'S SIGNATURE	Mem. Park Balto Md.	ADDRESS
REG. 6/14/SI aw Hedres		ord Road.
	Deconard in hack, book harri	ord Moad.

2411 N. Charles Street, Baltimore

05694

CERTIFICATE OF DEATH

Reg. Dist. No. 93

1. PLACE OF DEAT	н.		2. USUAL RESIDENCE (I	HOME) OF DECEASE	D. COUNTY
COUNTY	altimore	MARYLAND	Md.		Balto.
CITY (If nutside c	orporate limits, write RURA	L and LENGTH OF STAY	CITY (If outside corpur	ate limits, write RURA	L and give nearest town)
OR give nearest	Fullerton	(in this place)	OR Ful	lerton	
HOSPITAL OR			STREET	(If rural, give lo	cation)
INSTITUTION OF	R Hines Rd.	& Maglidt Ave.	ADDRESS Hines	Rd. & Magli	dt Ave.
3, NAME OF	(First)	(Middle)	(Last)		onth) (Day) (Year)
DECEASED	TDA	D.	HINES	OF DEATH Jun	
(Type or Print)	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH		If under I year ill under 24 hrs.
female	white	WIDOWED, DIVORCED, (Specify) WIDOWED	Jan.12.1863	88 yrs.	Months Days Hours Min.
100 HIGHTAL OCCUTE	ATION (Give kind of work)	10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT
done during most of	working life, even If retired)	INDUSTRY own home	Balto Co	Md.	COUNTRY? USA
13. FATHER'S NAM	4E	Own nome	Balto. Co.,	NAME	
	irkendalk		Unknown		
	EVER IN U.S. ARNED FORCES	7 I 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no or unknown)	(If yes, give war or dates of service)	of none			Rd., Fullerton, Mc
HO	service)			illies, Hilles	Rd., Fuller con, Mc
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATE
		MYOCARDIAL	TEGENERA-	Tind	2 YRS
Immediat	te cause (a)	TYOURKDIAL	DEGENERA	// ~/४	
100 1 Antonodo	nt cause(s)	1			10 YRS +
Diseases or	conditions, if any, (b)	ARTERIOSCL	EROSIS	paggga ng gggggggaya ya r ga pakar angarénawa ing é inisa sai isanasa	10127
	to the above cause underlying cause last				
13d	underlying cause last				
IL OTHER SIGNIF	ICANT CONDITIONS		4		
Conditions contrib	uting to the death hut not use or condition causing deat	h. SENILITY			10 YRS +
19a. DATE OF OPE	ERATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🗆 No 🗗
21. ACCIDENT SUICIDE	OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (C	COUNTY) (STATE)
HOMICIDE	INJ	INJURY OCCURRED	HOW DID INJURY OC	CHP	
OF (Month)	(Day) (Year) (Hour)	While at Not While	HOW DID INSURT OC	COIG	
INJURY	m.	Work At work		,	
On I beach some	tifu that I attended the	e deceased from 6/15	105/ to 6/	22 19 47 that	I last saw the deceased
22. I hereby cer	. /.		m 1		
alive on	/2/ , 1957, an	d that death occurred at	ADDRESS	causes and on the	date stated above. DATE SIGNED
SIGNATURE		(Degree of title)	1	0 (-1	c la a l = 1
the	whather	M.D. 63	3/ Belan		6/23/3/
23. BURIAL, CREM	MATION DATE THERE	OF NAME OF CEMETE	ERY OR CREMATORY	LOCATION (City, tow	n, or county) (State)
23. BURIAL, CREM KEMOVAL (Spe burial	June 25.	1951 Parkwood		Balto., Md.	
DAPE REC'D BY	LOCAL REGISTRAR'S		24. FUNERAL DIRECTO	OR	ADDRESS
REG. //2	00 1.0	Hedrick	Lacard F.	meal Home	7401 BelairRe
0/0	1121		- A TANDERS		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05695

1. PLACE OF DEATH MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Bo
CITY (If outside corporate limits, write RURAL and OF STAY OR give nearest town) OR give nearest town) OWN LENGTH OF STAY (in this place)	TOWN Dundelle	own)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	ADDRESS 2/4 of Helena a	m
3. NAME OF DECEASED (First) (Middle) (Type or Print)	CLast) 4. DATE (Month) (Day) DEATH DEATH (OF)	(Year) 19 57
5. SEX COLOR OF PICE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Harried	8. DATE OF BIRTH 9. AGE last hirt day Hunder 1 year Hu	nder 24 hrs. ours Min.
10a. USUAL OCCUPATION Give kind of work 10b. Kind of Business or done dum most of working life, wan if retired knowstay.	11. BESTHPLACE (State or foreign country) 12. CITIZEN COUNTRY?	OF WHAT
13. FATHER'S NAME John Hollrook	14. MOTHER'S MAIDEN NAME	
15. Was Decrased Ever IN U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of service)	M. Elizabilk Hollroh 2192	THE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		BETWEEN ND DEATH
Immediate cause (a) Cerebral	hemorrhage 24	hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	arterio selerozio 5 y	ears.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		100 1710 000 000 000 000 000
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	· 20. AUT	OPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STA	ATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
SIGNATURE (Degree or titie)	3.15 P.m., from the causes and on the date stated about ADDRESS DATE:	ve. SIGNED
23. BURIAL, CREMATION DATE PLANE OF CEMPTE REMODIAL (Specify) Lun 9/57 Oak La	un Cem Bello Co	(State)
DATE REC'D BY LOCAL ABGISTRAR'S SIGNATURE REG. 9-1950 Villian M Kelly	24. FUNERAL DIRECTOR ADDRESS A	106
0	574	246



Item 7 Film G133 7/3/51 wlwl MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05696

(De

TOR MEDIC	Reg. Dist. No
1. PLACE OF DEATH BOWLING MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
CITY (If outside corporate limits, write RURAL and CENGTH OF ST OR give nearest towo) (in this place	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS 131 ALBEMARLE S.T.
3. NAME OF DECEASED (First) (Middle) (Type or Print) HUBLET PLYNOLUS	Holden DEATH JUNE 4. DATE (Mooth) (Day) (Year DEATH JUNE 4. 194
5. SEX ALE 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCE (Specify) DIVORCE	12/20/19221 XT VI8.
done during most of working life even if retired) 10b. Kind of Business Industry Milling	OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WH COUNTRY?
13. FATHER'S NAME	ALINA HANNUM
15. WAS DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes. no, orunkoown) (If yes, give war or dates of 467-20-960 service)	
	L CERTIFICATION INTERVAL BETWE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEA
	WC (15+ 2 ad Ceruser L Vat.)
Antecedent cause(s) Diseases or conditions, if any, (b)	
giving rise to the above cause stating the underlying cause last	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATIO 21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF Office bidgs, etc.) CAUSE OF DEATH.	N 20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, at	Yes No
CAUSE OF DEATH. OF office bldgs, etc.) Shop	e Milten's Istand - But mil
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY / / / / / / / / / / / / / / / / / / /	New DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held obtained by said Autopsy, Inspection or Inquiry, find that said from: natural causes , accident , suicide , homicide	an Autopsy , Inspection , Inquiry Thereon and from the evidence deceased died on the dry stated above, and death in my opinion resulted
SIGNATURE (Degree or title)	ADDRESS DATE SIGNER
1810 Davis ma Nys mol. 2	our. Dundaic. 1 ms 14/41
REMOVAL (Specify) 6 /11/5/	ETERY OR CREMATORY LOCATION (City, town, or couoty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Julia 3-1731 Villeam M. Nelly	Mally Drodes Brodles, Ourfolk, Mig

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BECEINED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No..

1. PLACE OF DEATH- COUNTY COS TO CO MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS #5 Make Duise	STREET ADDRESS #5 Maple All	ive,
3. NAME OF DECEASED (First) (Middle) (Type or Print)	oclaud 4. DATE (Month) OF DEATH	(Day) (Year) 12 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	1601 18/1888 00 yrs.	l year If under 24 hrs. Days Hours Mln.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) Industry	maryland	CITIZEN OF WHAT
William R Sherman	Mary Colesco	el
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of service)	m Justin Holla	ud.
18. MEDICAL CEI L. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	DEGENERATION CHRONIC.	1/2 Yr
196× Antecedent cause(s) Carcinomata	Right Jaw	•
giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	0	20. AUTOPSY? Yes \(\text{No } \text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\ext{\ti}\tilitit{\text{\tilit{\texi}\text{\tex{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\tilit{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY O m. While at At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June.		
SIGNATURE (Degree or title)	5 P.m., from the causes and on the date standard ADDRESS	DATE SIGNED
11. Martinotonos	348 Frederick Road, Catons v	6/24/5
Bernoll 6/26/52 Cast New	Marlet Dechester	Zud.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. (-24-52 7 E. Harry	Mac Maskand Sor	ADDRESS

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Be 05697

COUNTY Baltimore	MARYLAND	STATE Maryla		Y
CITY (If outside corporate limits, write RURAL and CENGTH OF STAY OR give nearest town fort Howard 83in days		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.		STREET (If rural, give location) ADDRESS 1526 Orleans Street		
3. NAME OF (First) DECEASED (Type or Print) ROBERT	(Middle) B.	(Last) HOLMES		(Day) (Year) 23 1951
6. COLOR OR RACE 7. SIN WIDE (Sp.	GLE, MARRIED, OWED, DIVORCED, ecity) MARRIED	5-17-25		I year If under 24 hrs. Days Hours Min.
				COUNTRY? U.S.A.
Loenz Holmes	Ella Brown			
(Yes, no, or unknown) I (If yes, give war or dates of	12-20-0777		Adm. Hosp., Ft. Ho	ward, Md.
18. MEDICAL CERTIFICATION				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) PULMONARY TUBERCULOSIS, BILATERAL, FAR ADVANCED, Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause (b) (c)				
### stating the underlying cause last (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Hot SUICIDE OF office HOMICIDE INJURY	ne, farm, factory, street, bldg., etc.)	(CITY OR T	OWN) (COUNTY	Yes No No No (STATE)
	Y OCCURRED t Not While At work	HOW DID INJURY OCC	:UR?	2017
22. I hereby certify tha Va attended the decea	sed from March 1	li, 19 49, to June 2	3, 19 51	
SIGNATURE	death occurred at 1:	ADDRESS from the	causes and on the date s	tated above. DATE SIGNED
Robert Elling	VAH, FO	RT HOWARD, MARY	LAND	6-23-51
23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) 6-26-5/	Baltimore N	ational	Baltimore, Maryl	
DATE REC'D BY LOCAL REGISTRAB'S SIGNA'	Hedrick	24. FUNERAL DIRECTOR Charles R. La	3	ADDRESS
	115		Baltimore, Ma	ryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05698

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY		
CITY (If outside corporate limits, write RURAL and OR give nearest town) Fort Howard 202 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet. Adm. Hosp., Ft. Howard, Md	STREET (If rural, give location) ADDRESS 3810 Elm Avenue		
3. NAME OF (First) (Middle) DECEASED (Type or Print) WILLIAM H.	HOPKINS 4. DATE (Month) (Day) (Year) OF DEATH June 26 1951		
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	S. DATE OF BIRTH 9. AGE last birthday 11 under 1 year 12 Months Days 13 Hours 14 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired) ANDUSTRY Car penter	Floyd, Virginia 11. BIRTHPLACE (State or foreign country) Floyd, Virginia 12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
James Osborn Hopkins 15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No.	Mary Turner 17. INFORMANT AND ADDRESS		
(Yes, no, or unknown) (If yes, give war or dates of 213-03-7364	Clin.Rec., Vet.Adm. Hosp., Ft. Howard, Md.		
18. MEDICAL CE			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH		
Immediate cause (a)INFARCT, MYOCARDI	AL li days		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	TIS, GENERALIZED 30 years		
stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)		
SUICIDE OF office bldg., etc.) HOMICIDE INJURY			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY OCCURRED While at Not Whio At wirk	HOW DID INJURY OCCUR?		
22. I hereby certify that VA attended the deceased from Dec. 6	, 19.50, to June 26., 19.51, xxxxxxxxxxxxxxxxxxxxxxxx		
MWEORXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
23. BURKL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) Table 20 / 51 Political No.			
Burial V June 29/31 rattimore Na	ational Baltimore, Maryland		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATULE REG.	24. FUNERAL DIRECTOR ADDRESS		
6/28/51	Austin E. Donovan 3818 Roland Avenue		
	Baltimore, Maryland		

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05699

1. PLACE OF DEATH- COUNTY Ball MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	3014
OR give nearest town) Wolfer RURAL and LENGTH OF STAY (in this piace)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5317 South on	ADDRESS 53-17 Hullin	in
3. NAME OF DECEASED (First) (Middle) (Type or Print)	Heliard 4. DATE (Month) OF DEATH RULE	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) (Specify)	8. DATE OF BIRTH 9. AGE last birpiday Months yrs.	Days If under 24 hrs. Hours Min.
done during most of working life, even if retired) 10b. Kind of Business or Indiana. USUAL OCCUPATION (Give kind of work Indiana. 10b. Kind of Business or Indiana. 10b. Kind o	ma.	COUNTRY?
13. FATHER'S NAME Milliam M. Hotlendon	14. MOTHER'S MAIDEN NAME Plepro Des	4
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of 2/6-05-3783	Mary K Hotterdoy	Jullinon
18. MEDICAL CE 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	theel disease	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. EXTERNAL CAUSE WAS PRIMARY GR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH. INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while Not work at work	HOW DID INJURY OCCUR?	
22. I certify that I took chorge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said decentration in the said decentration of the said decentrat	eased died on the day stated above, and death in my undetermined ADDRESS 1010 Lede are	DATE SIGNED
Burial (Specify) 6-15-1951 Lorraine		Md.
DATÉ REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 6 3 57 R W Colored	G. Howard Strong 3207 W. No.	address

mod 16 xM

St Exhautla 1/40 am

Sex hours

Supply every item of information carefully write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK, is especially important. Physicians: please

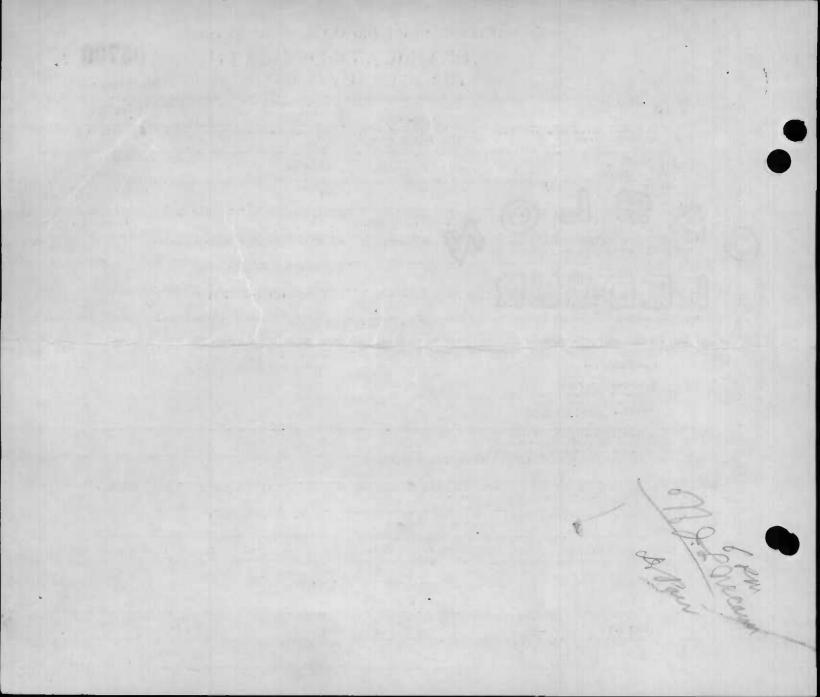
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05700

1. PLACE OF DEATH- COUNTY Balto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED-	Balt
CITY (If outside corporate limits, write RURAL and OR give nearest town town (In this piece)	CITY (If outside corporate limits, write RURAL and giv	re neerest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 421 Restaking, Pd	STREET (If rural, give location) ADDRESS 421 head with	RI
3. NAME OF DECEASED (First) (Middle) (Type or Print) Katherine (Middle)	(Last) 4. DATE (Month) OF DEATH THE	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED.) DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last bigtpday If under	I year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS Mrs. Mariane Tus	ubrum
18. MEDICAL CE	RTIFICATION	1-10-1
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)	Lachai failure	
Infinediate cause (a)		
Diseases or conditions, if any, (b)	les Varenden discon	
giving rise to the above ceuse stating the underlying cause last	C . 0-7	
II. OTHER SIGNIFICANT CONDUTIONS	Jenley	1
Conditions contributing to the deeth but not releted to the disease or condition ceusing deeth.	0	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No P
21. EXTERNAL CAUSE WAS PRIMARY GR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR!	
OF While at Not while INJURY m. work at work	TENNANT TO THE PARTY OF THE PAR	
	undetermined Library 10/0 Leeds are	PATE SIGNED
REMOVALIST 6-29-1951 Holy Rede	omer LOCATION (City, town, or count	Md. (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. YUNERAL DIRECTOR	ADDRESS
8.5 26 15 / Des led ul	John W. Mosan 3000 E. Bat	timore St



STATE DEL MATRIEUT OF MEN

2411 N. Charles Street, Baitimore

Be

05701

CERTIFICATE OF DEATH

I. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Y
CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and CITY (In this place)		ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8349 Old Philadelphia Rd.	STREET ADDRESS 712 N. Curley St.	./
3. NAME OF (First) (Middle) DECEASED (Type or Print) KATHERINE	HUGHES 4. DATE (Month) OF DEATH June 5	(Day) (Year) 19 51
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	Oct. 30, 1882 68 yrs. Months	l year lf under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry 11c. FATHER'S NAME	Baltimore, Md. U	COUNTRY?
Frank Vitak	Marie Klima	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of 219–20–6664 A	Mrs. Marie Schafer, dght, 8349	Old Phila.Rd
18. MEDICAL CE	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (S. ORONARY THRO	n Bosis	ONSET AND DEATE
260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	LITUS	1 YEAR
(c) ARTE210 SCLERO	rcs ·	5 YR).
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.	A MOMBOSIS	1040. AG3
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE INJURY PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JUNE	, 1949, to VOUE 5, 1951, that I last s	aw the deceased
plive on JUNE 3, 19 1, and that death occurred at	8.30 m., from the causes and on the date st	ated above. DATE SIGNED
James T Cavarage M. L. Z. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	3014 McFeldery of Pattor Ud ERY OR CREMATORY LOCATION (City, town, or count	6-6-51 ty) (State)
REMOVAL (Specify) 6/9/51 Holy Redeeme	r Cemetery 4430 Belair Rd. Bal	to Md.
DATE DEC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	ADDRESS
The same of the sa		

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No..... 2. USUAL RESIDENCE (HOME) OF DECEASED-STATE Maryland CO 1. PLACE OF DEATH Owings Mills, COUNTY Balto. COUNTY Baltimore Co.
CITY (If outside corporate limits, write RURAL and MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY (in this place) OR give nearest town) Owings Mills Owings Mills TOWN 573 yrs. STREET (If rural, give location) HOSPITAL OR INSTITUTION OR ADDRESS Owings Mills. Md. Rosewood St. Tr. School STREET ADDRESS (Middle) (Last) 4. DATE (Month) 3. NAME OF (First) (Day) (Year) DECEASED 21 19 51 DEATH Humm June Joseph (Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs. WIDOWED, DIVORCED. Months | Days | Hours | Min. 10-27-87 white (Specify) 10h. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY Baltimore Md 13. FATHER'S NAME Lizzie (surname unknown) Unknown 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | (Yes, no, or unknown) | (If yes, give war or dates of Institution records. service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 3 days (a) Gerebral hemorrhage - coma _ rt arm and leg Immediate cause paralysis Antecedent cause(s) 4 months Syncope - attack Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗆 No 🗆 PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) 21. ACCIDENT (STATE) (Specify) SUICIDE INJURY How DID INJURY OCCUR? Baltimore Md. HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at INJURY June Work | At work SIGNATURE Q. L.O H. le Cluth Degree or title) h. D. ADDRESS Owings Mills, Md. DATE SIGNED 6-21-51 Rosewood State Training School CEMETERY OR CREMATORY / LOCATION (City, town, or county) 23. BURIAL, CREMATION REMOVAL (Specify) ADDRESS DATE REC'D BY LOCAL

of information carefully. death clearly and legibly. BINDING Supply every item write the causes of INK. please , WITH UNFADING important. Physicians: PLAINLY, is especially 02 WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY BALTIMOTE Co. MARYLAND	STATE MA. COUNTY BALL	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)	TAPC
OR give nearest town Cockeys ville Md. (in this place)	TOWN Cockeysville	
HOSPITAL OR	STREET (If rural, give location)	
STREET ADDRESS Noah E. Offith Memorial Home	ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Y	(ear)
DECEASED Emma	HUNT DEATH JUNE 22	1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 2	24 hrs.
Female White WIDOWED, DIVORCED, (Specify) Widowed	Nov. 16 1875 75 yrs. Months Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF W	VHAT
done during most of working life, evon if retired) INDUSTRY	CArrol G. Md. COUNTRY? (15	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Joseph Flagle	Suzzanne Schaeffer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yem, no, or unknown) (II yes, give war'or dates of service)	Than I Al. A - Vacation de me	1
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETV	
I. DESERGES ON CONDITIONS DIRECTED INC. TO DEATH	ONSERT AND DI	CATH
Immediate cause (a)	, morcho prevaenca roay	1)
1150, O Antecedent cause(s)	Bo could a si to 10.1	1, -
Diseases or conditions, if any, (b)	decompensation 2-194	7
giving rise to the above cause stating the underlying cause last	0	
(c) William Re	Cesses heneral unh	
II. OTHER SIGNIFICANT CONDITIONS	- Control of the cont	_
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY	7
	Yes C No	an
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)	4
SUICIDE OF office bidg., etc.)		
HOMICIDE INJURY		
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
HOMICIDE INJURY	HOW DID INJURY OCCUR?	
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While		
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While		ed
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from 2 13	1945 to 622, 195 that I last saw the decease	ed
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY Mork At work	1945 to 652, 195 that I last saw the decease p.m., from the causes and on the date stated above.	
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY Mork Not While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from 2 13 alive on 1951, and that death occurred at	1945 to 622, 195 that I last saw the decease	
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY Mork Not While Work At work 22. I hereby certify that I attended the deceased from 2/1/3 alive on 1920, and that death occurred at SIGNATURE (Degree or title)	1945 to 622, 19.5 that I last saw the decease P.m., from the causes and on the date stated above. ADDRESS MULLICIANIS LESS	
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work Not While Work At work 22. I hereby certify that I attended the deceased from 2 13 alive on 19.21, and that death occurred at SIGNATURE (Degree or title) December 1. Make of CEMETE 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	1945 to 622, 19.5 that I last saw the decease P.m., from the causes and on the date stated above. ADDRESS MULLICIANIS LESS	ED /
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from alive on OFO 1991, and that death occurred at SIONATURE (Degree or title) 23. BURIAL, CREMATION PATE THEREOF NAME OF CEMETE REMOVAL (Specify)	1945 to 6/22, 19.5 that I last saw the decease for the pm., from the causes and on the date stated above. ADDRESS PATE SIGNI	ED /
HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from 2 2 3 alive on 19.2 and that death occurred at 19.2 and that deat	1945 to 6/22, 19.5 that I last saw the decease for the pm., from the causes and on the date stated above. ADDRESS PATE SIGNI	ED /
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from akive on OFO 1991, and that death occurred at SIGNATURE (Degree or title) 23. BURIAL, CREMATION PATE THEREOF NAME OF CEMETE REMOVAL (Specify)	1945 to 622, 19.5 that I last saw the decease for the Dm., from the causes and on the date stated above. ADDRESS DATE SIGNIFICATION (City, town, or county) RY OR CREMATORY LOCATION (City, town, or county) When the causes and on the date stated above. ADDRESS DATE SIGNIFICATION (City, town, or county) (State Mane Mane)	ED /
HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from 2 2 2 3 alive on 2 2 2 2 3 alive on 3 2 3 2 3 BURIAL, CREMATION REMOVAL (Specify) DATE RECO BY LOCAL (REGISTRAR'S SIGNATURE) TIME (Month) (Day) (Year) (Hour) INJURY While at Not While While at Not While Work 1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1945 to 622, 19.5 that I last saw the decease for the Dm., from the causes and on the date stated above. ADDRESS DATE SIGNIFICATION (City, town, or county) RY OR CREMATORY LOCATION (City, town, or county) When the causes and on the date stated above. ADDRESS DATE SIGNIFICATION (City, town, or county) (State Mane Mane)	ED /

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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

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		CERTIFIC	CATE (OF DEAT	ΓH Reg	. Dist. No.	32
1. PLACE OF DEAT COUNTY	Baltimore	MARYLAN	ST	ATE Maryla	(HOME) OF DECEAS	Baltin	nore
OR give neares	orporate limits, write RURA t town)	Land LENGTH OF (in this pi	ace) OF	WN Eccel	orate limits, write RUR	AL and give	nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE		. & Park He	sts. ST	DDRESS Vall	(If rural, give	iocation)	
3. NAME OF DECEASED (Type or Print)	Mary Ar	(Middle)	Hymil:	_(Last) Ler	OF C	donth) - 25 -	(Day) (Year) - 51 19
Female	6. COLOR OR RACE White	7. SINGLE, MARRIE WIDOWED, DIVOR (Specify) Marri	CED. Ser	t.26,188	9. AGE last birthday 62 yrs.	Months	year If under 24 hrs. Days Hours Min.
done during more of	ATION (Give kind of work orking life even if retired)	10b. KIND OF BUSINE INDUSTRY		Irela			CITIZEN OF WHAT
13. FATHER'S NAM	Curren			OTHER'S MAIDE			
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	? 16. SOCIAL SECURITY	****	oert Lee	Hymiller, 1	Eccels	on Md
Immediat		LEADING TO DEATH	tois	= Carea	elzed inv	leg	INTERVAL BETWEEN ONSET AND DEATH
Diseases or giving rise t	nt cause(s) conditions, if any, to the above cause underlying cause last (c)	Brest Ca	conn		teal.		44 54 44 47 111000 1000 00000000000000000000
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat		tes in	elleter			1547
19a. DATE OF OPE	RATION 196. MAJOR I	TINDINGS OF OPERA	it her	t-流	istesting	/C 0 111 1 111	20. AUTOPSY? Yes No No
21. ACCIDENT SUICIDE HOMICIDE	OF INJU			(CITY OR		(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	While at Not While Work At work	3	W DID INJURY C	OCCUR?		
22. I hereby cert	lify that I attended the		ed at	1 //			
23 BURIAL, CREM REMOVAL (Spe	cify) 6 - 27-	51 St Ch	EMETERY OF	CREMATORY	LOCATION (City, to Pikesvil		
DATE REC'D BY REG. 6-26	LOCAL REGISTRAR'S	SIGNATURE	26	oneral pirec	"newEl	l.A	Leville

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MARGIN RESERVED FOR BINDING

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2411 N. Charles Street, Baltimore

05705

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	1
COUNTY Salterne MARYLAND	STATE Mainland COUNTY	Balk
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corpora e limits, write RURAL and give	re nearest town)
OR give nearest town) (Schlippelle (in this place)	TOWN Crokewoille	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Hillsife avenue	ADDRESS Hellich Cevenue	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Florence	JACKSON DEATH JUNE	23 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 hrs.
Fenal Black WIDOWED, DIVORCED, (Specify) In the	1 1 -7 - 1 7 - 0 yrs. 1	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
Domestic Tome	Cockeywille, Margland	COUNTRY? USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
danners Edgar Hallison	Plosa Houng	
15. WAS DECRASED EVER IN U.S. AMMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS	
(1es, no, or unknown) (if year, give war or dates or	Rosa Jacken Corlame	le me
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	BTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary (a discourse	Ch.
Immediate cause (a)	celusion	5 hrs.
120, (Antecedent cause(s)	lerosis	
	17=0365	
94 a giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		***************************************
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
22. I hereby certify that I attended the deceased from June 2.	1, 195, to 44 1, 13, 195, that I last so	aw the deceased
alive on June 23, 19.57, and that death occurred at /		
SIGNATURE (Degree or title)	ADDRESS	ated above. DATE SIGNED
Elizabeth B. Sherill Mr. Cl.	Cochegoville Med of	cene 73,1951
23. BURIAT, CREMATION DATE REMOVAL (Spring) G-27-5-1 Basil G	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
DATE REC'D, BY LOCAL REGISTRAR'S SIGNATURE /	24. FUNERAL DIRECTOR	ADDRESS
REG. 6/25/51 Wm/ 4. lehiko as	Landon on Bevoles Spark	s, mel
	/ /	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. Al5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Be

05706

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY	STATE	Y
Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY)	Manyland	
OR give nearest town (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town Rural: Towson LENGTH OF STAY TOWN	PG-SCOMITIONS	
	STREET (If rural, give location)	-
INSTITUTION OR ENGOWOOD, Sanatorium	ADDDECC	/
STREET ADDRESS TOWSON 4, Maryland	1 ADDRESS 412 S. Lehigh St	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED	OF _	
(Type or Print) You \Q	John DEATH June	23 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday If under	1 year If under 24 hrs.
remale white (Specify) manied	July 27 1902 48 8 yrs. Months	Days Hours Min.
Temale (Specify) Maggied 10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on		CITIZEN OF WHAT
done during most of working life, even if retired) Industry	11. Divilli LACE (State of foreign country)	COUNTRY?
House wife	Marece	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Samuel Georgeow	17. INFORMANT AND ADDRESS Personal Hi	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Personal HI	istory-
(Yes, no, or unknown) (if yes, give war or dates of service)	Hospital Records, Eudowood Sans	atorium
		a cot I thin
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
1. DISERSES ON CONDITIONS DIRECTLY DEMINING TO DESITE		OHOMI MIND DEATH
Immediate cause (a) Carcinoma	1 Harling	3 mo
Immediate cause (a) QACINOWQ	7 1119 -11020	
156.1 Antecedent cause(s)		
/26. Antecedent cause(s)	pulmonary Tuberculosis	1946
Diseases or conditions, if any, (b) De Cond My Quite	12 MI MONONY 1 UDE1 CUIOSIS	
giving rise to the above cause stating the underlying cause last		
seasing the underlying caracterisms		1
(e)		•
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
Conditions contributing to the death but not related to the disease or condition causing death.		1 20 AUTOPSV2
Conditions contributing to the death but not		20. AUTOPSY?
Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? Yes No
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	Yes No
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	Yes No
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NOTICIDE INJURY		Yes No
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUNTY)	Yes No
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While		Yes No
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED		Yes No
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 1NJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work	HOW DID INJURY OCCUR?	Yes No (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) SUICIDE (Nonth) (Day) (Year) (Hour) INJURY TIME (Month) (Day) (Year) (Hour) While at Not While	HOW DID INJURY OCCUR?	Yes No (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 1NJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR?, 19.\$.1., to623, 19.\$.4., that I last s	Yes No STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY Not While at Work At work At work 22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR? , 19.\$.1., to62.3, 19.\$.4., that I last s 7: 0.\$	Yes No STATE) Saw the deceased sated above.
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 1NJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR?, 19.\$.1., to623, 19.\$.4., that I last s	Yes No STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY 22. I hereby certify that I attended the deceased from 4	HOW DID INJURY OCCUR? 19.5.1., to6.2.3, 19.5.4., that I last so the date st address	Yes No STATE) Saw the deceased sated above.
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 4	How DID INJURY OCCUR? 19.5.1., to	Yes No STATE) Saw the deceased sated above. DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 4	How DID INJURY OCCUR? 19.5.1., to	Yes No STATE) Saw the deceased sated above. DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 4. At work alive on 1. At work 1. At work 1. SIGNATURE. 23. BURIAL (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) INJURY While at Not While at No	How DID INJURY OCCUR? 19.5.1., to	Yes No STATE) Saw the deceased sated above. DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 4-2.2. A alive on 19.2. 19.2. 1, and that death occurred at SIGNATURE (Degree or title) 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Sperty)	How DID INJURY OCCUR? 19.5.1., to	Yes No STATE) Saw the deceased sated above. DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 4. At work alive on 19. At work 19. At	How DID INJURY OCCUR? 19.5.1., to	Yes No STATE) Saw the deceased sated above. DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 4-2.2. A alive on 19.2. 19.2. 1, and that death occurred at SIGNATURE (Degree or title) 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Sperty)	How DID INJURY OCCUR? 19.5.1., to	Yes No STATE) Saw the deceased sated above. DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 4. At work alive on 19. At work 19. At	How DID INJURY OCCUR? 19.5.1., to	Yes No STATE) Saw the deceased sated above. DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 4. At work alive on 19. At work 19. At	How DID INJURY OCCUR? 19.5.1., to	Yes No STATE) Saw the deceased sated above. DATE SIGNED

	/ 8
(3)	L
1	Tho

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05708

1. PLACE OF DEATH	g.		2. USUAL RESIDENCE (I		
COUNTY	Baltimore	MARYLAND	STATE Marylar	id	COUNTY
CITY (If outside cook give nearest TOWN	orporate limits, write RUR town. Fort Howard		CITY (If outside corporation) OR TOWN Baltimo		and give nearest town)
HOSPITAL OR INSTITUTION OF			STREET	(If rural, give loc	ention)
STREET ADDRE	ss vecerais Aun	inistration Hosp.			
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Mor	-0
(Type or Print)	JOHN	₹.	JOHNSON	DEATH JU	ne 18 1951
Male Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 2-9-15	9. AGE last birthday 36 yrs.	If under I year If under 24 hrs Months Days Hours Min.
10a. USUAL OCCUP.	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT
Electrici	vorking life, evon if retired) An — lectors	LANDUSTRY	Memphis, Ter	in.	COUNTRYT
13. FATHER'S NAM	E	7 7	14. MOTHER'S MAIDEN	NAME	
Henry Joh	nson		Birdie Royor	1	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS	
(Yes, no. or unknown)	(If yes, give war or dates of service) WW T	216-12-4719			Ft. Howard, Md.
100		18. MEDICAL CE			
I DIGELLERS OF CO	MDIMIONS DIDECTIV				INTERVAL BETWEEN
1. DISEASES OR CO	ONDITIONS DIRECTLY				ONSET AND DEATH
Immediat	e cause (a)_R	ECURRENT CARCINOM	A OF SMALL INTES	TIME	l½ years
150V					
	nt cause(s) conditions, if any, (b)				
giving rise to	o the above cause		*****		AND THE REPORT OF THE PARTY AND THE PARTY AN
462 stating they	inderlying cause last				
(c)					
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes D No 🕹
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR 7	rown) (co	OUNTY) (STATE)
SUICIDE HOMICIDE	OF	office bldg., etc.)			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY	m,	While at Not While Work At work			
			-0	A	
22. I hereby cert	ify that Aattended the	e deceased from March 2	28, 19 51, to June]	8 19.51 XH3EX	
		1 41 4 1 41 - 1			
// CHCNATHIRE	gooden miee	d that death occurred at (Degree or title)	ADDRESS	causes and on the	date stated above. DATE SIGNED
JOSEPH M.	MILIER, M. D.	, CHIEF, SURGICAL	SERVICE, VAH, F	ORT HOWARD.	MD. 6-18-51
23. BURIAL, CREM REMOYAL (Spec	ATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY I	OCATION (City, town,	or county) (State)
Burial	10/24/24	Cedar Hill Ce		Baltimore, M	
DATE REC'D RY REG.	LOCAL REGISTRAR'S	SIGNATURA	24. FUNERAL DIRECTO		ADDRESS
6 5	13/1/IW	Haarry	William Cook		
-//		رالا		Baltimore,	Maryland

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05707

1. PLACE OF DEAT COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	rbalto.
	corporate limits, write RUR. Litown) atonsville	AL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and g OR TOWN Catonsville	ive nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE		nsbury Ave.	STREET (If rural, give location) ADDRESS 104 Bloomsbury Ave	
3. NAME OF DECRASED (Type or Print)	Gertrude	(Middle) Shumate	Johnston 4. DATE (Menth) of DEATH June	(Pay) 1951(Year)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	1 May / 1904 4/ yrs.	I year II under 24 hrs. Days Hours Min.
done during ment of	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OF INDUSTRY	Vi rginia	2. CITIZEN OF WHAT
13. FATHER'S NAM			14. MOTHER'S MAIDEN NAME	
Ga	ston A. Shums	ate	Victoria Burgess	
	VER IN U.S. ARMED FORCES (If year, give war or dates		17. INFORMANT AND ADDRESS	
NO	service)		Taylor F. Johnston Vatons	sville
		18. MEDICAL CE	PRTIFICATION	INTERVAL BETWEEN
I. DISEASES OR C	ONDITIONS DIRECTLY			ONSET AND DEATH
		maining of by	east with natartises	7 444
Immediat	e cause (a)		No	
/ 70X Antecede	nt cause(s)			
_ Diseases or	conditions, if any, (b)	0 0 0 10 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0		04 00 00 44
50 giving rise t	to the above cause underlying cause last			
	ICANT CONDITIONS			
Conditions contrib	uting to the death but not use or condition causing deat			
19a. DATE OF OPE		FINDINGS OF OPERATION		20. AUTOPSY?
July 1949				Yes No L
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby cert	ify that I attended the	e deceased from Sept	, 1950, to 2 fue, 1951, that I last	saw the deceased
alive on 29	, 19.5.1, an	d that death occurred at (Degree or title)	ADDRESS ADDRESS	tated above. DATE SIGNED
John	a history		20 E. Preston St, Bultimore 2, had	4 June 51
REMOVAL DA	eily) DATE	5/ Woodlar		et Co. Hel
DATE REC'D BY REG. 6-5-	. 4/-	SIGNATURE	Lenge Calm Calm	ADDRESS 45. 21 MX

BUREAU V. S.
BUREAU V. S.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05709

CERTIFICATE OF DEATH

Reg. Dist. No.....

COUNTY Baltimore MARYLAND	STATE in augland COUNTY 13att hore
CITY (If outside corporate limits, write RURAL and OR give neares lown) DSAAW (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRADSHAW - runal
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS U.S. Roote 40 next to Belgian Village
3. NAME OF OF OFFICE OF OFFICE OF OFFICE OF OFFICE OF OFFICE OF OFFICE O	JONES A. DATE (Month) (Day) (Year) OF DEATH JUNE 30 195/
5. SEX fluale 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry	BACTIMORE CO: MU 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY? A.
13. FATHER'S NAME THOMAS R. FITZELL	14. MOTHER'S MAIDEN NAME REDECCH LON MILLER 117. INFORMANT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	MM. E. JOHES JR. BRADSHAW MO
18. MEDICAL CE 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Cachexia - C	RECULATION ROULATORY Failure INTERVAL BETWEEN ONSET AND DEATH
49 a stating the underlying cause last (c) \(\text{Lu U T} \)	of the OVARY with iple metastases 2 years
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 5e/57./0/1949 Ademocraceurum A	of Ovanies 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
alive on June 30, 195, and that death occurred at SIGNATURE Our F. Noguera, M.D. 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) JULY 2, 1917 OHK LAW	ADDRESS in g s ville - Md. G/30/5/ GRY OR CREMATORY LOCATION (City, town, or county) (State) COLGATE MD
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS 2007 VL L P I C 1-1 FUNERAL HOME OR LEARN JT

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05710

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
Ballimore MARYLAND	STATE COUNTY Calrect
OR give nearest town).	OR CITY (If outside corporate limits, write RURAL and give nearest town)
Town Catonsville 15 mths., 18	TOWN chaland vieck
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET (If rural, give location)
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) WILSON	JONES DEATH June 14, 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs.
Male (Specify) married	July 13, 1873: 27 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OVSTEP DACKET 10b. Kind of Busings or Industry INDUSTRY Seafood	Man Country) 12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joshua Jones	Martha Graves
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS
(168, 10, of unknown) (11 yes, give war of dates of	Hospital Reened
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) arlerio solere	1-011
Immediate cause (a)	the heart disease sisted you
450 (Antecedent cause(s)	L 1.1. 1 0
Diseases or conditions, if any, (b)	· Ordi had nephritas .
giving rise to the above cause stating the underlying cause last	
/3/a (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	arkinsdurosis " "
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🛛
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
	, 19.51, toJunel
alive on	ADDRESS DATE SIGNED
Ellel B. Hermann-Sne	ew mD. forighter /top latout 6/14/51
REMOVAL (Specify) June 16, 1951 Browner	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6-14-51 1 Esparry	1 4. 4- Warkrees " on - Milusty
	10000



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05711

CERTIFICATE OF DEATH

1. PLACE OF DEATH. COUNTY Daltimort MARYLAND	2-USUAL RESIDENCE (HOME) OF DECEASED.	Purh.
CITY (If outside corporate limits, write RURAL and OR give/nearest town) TOWN CITY (If outside corporate limits, write RURAL and OR give/nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS 4205 Fordham	e Rol
3. NAME OF DECENSED CITY FOR (Middle) OF DECENSED CAMPBELL REPORT OF CONTROL	(Last) 4. DATE (Month) OF DEATH JUNE 2	(Day) (Year)
Male 6. COLOR OF RACE 7. SINGLE, MARRIED, DIVORCEDI (Specify) J. M.	3/8/60 66 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dipe during most of working life, yen II retired) 13. FATHER'S NAME	Balto Ind	COUNTRY?
13. FATHER'S NAME Henry C: //aufman 15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No.	14. MOTHER'S MAIDEN NAME Annie Braun 17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of service)	mis christina / Kanfinan	, (Same
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	rombori	ONSET AND DEATE
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-16 alive on 617, 1957, and that death occurred at	ADDRESS ADD	ated above. DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER OF C	Back Baltimos	mol
DATE REGID BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE	Les & Beyerd 1512/4	ADDRESS Clinical
VIT	Baltimore 23	mod (36

VS. A15A

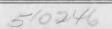
The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05712

1. PLACE OF DEATH	timore	MARYLAND	2. USUAL RESIDENCE (COUNT	
CITY (If outside con give nearest TOWN	orporate limits, write RUR. town) 1sterstown		CITY (If outside corpor	rate limits, write RURAL and g	ive nearest town)
HOSPITAL OR	R Reisterstown	Police	STREET ADDRESS Westmin	(If rural give location)	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Alvie	M	KEENEY	DEATH June 12,	1000
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If unde	
Male	White	WIDOWED, DIVORCED,	May 24,1890	Manth	Days Hours Min.
10a. USUAL OCCUP	ATION (Giw kind of work	(Specify) ivorced	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
done during most of a	TEmployed	oy contractor	Frederick		COUNTRYT
13. FATHER'S NAM	E E	by contractor	14. MOTHER'S MAIDEN		0.0.
Alfred	Keeney		Margaret H		
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT		
(Yes, no or unknown)	(If yes, give war or dates of service) NONE	216-07-3837	Richard Keer	ney Baltimore	29 Md.
	Betvice/ HOME	18. MEDICAL CEI		icy Bar vimore	00,200
4 Digniana on ac			CITA TEXT TON		INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
Immediat		Cerebral edema			
	c cause (-/		***************************************	1 1 000 11 01 00 1010 011 101101 00	
222 Anteceder	it cause(s)	7 1 1 . 1			
TO TOUR OFFICE AND A	conditiona, If any, (b)M	alnutrition			00 1 1 00 00 00 00 0000000000000000000
atating the u	nderlying cause last				
, , , ,	(e)				Maria
Conditions contribu	CANT CONDITIONS iting to the death but not se or condition causing deat	h. Chronic alcohol	ism		
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY1
					Yes 🔼 No 🗆
21. EXTERNAL CA PRIMARY □ OR CO CAUSE OF DEATH	NTRIBUTING OF	CE (Home, farm, factory, street, office hidg., etc.) JRY	(CITY OR	TOWN) (COUNT)	(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OG	CCUR?	
OF INJURY	m.	While at Not while work at work			
		ins described above, held an A r Inquiry, find that said dece			
], suicide \square , homicide \square ,		ed anove, and denin en my	opinion resuuru
SIGNATURE	1100	(Degree or title)	ADDRESS		DATE SIGNED
Stan	en N. Word				
	ay / 1. reun	M.D. 700 Fle	et St., Baltim	ore 2, Maryland	June 12, 195]
23. BURIAL, CREM.	ATION DATE THERE	oche M.D. 700 Fle	RY OR CREMATORY	LOCATION (City, town, or cou	nty) (State)
Burial Spec	June 14	1.1951 Finksburg	g Cem.	Finksburg, Md.	
DATE REC'D BY	LOCAL RECISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	OR	ADDRESS
REG. 6-13	-51 Clare	B. Slive.	F.Eline & 1	Sons, Reisterst	own.Md.



BUREAU V. S.

2411 N. Charles Street, Baltimore

Reg. Dist. No.

05714

CERTIFICATE OF DEATH

1. PLACE OF DEATH-		2. USUAL RESIDENCE (H	OME) OF DECEASI	ED.
COUNTY Baltimore	MARYLAND	STATE	ine of	Baltimore
CITY (If outside corporate limits, write RURAL and	LENGTH OF STAY	CITY (If outside corpora	te limits, write RURA	L and give nearest town)
OR give nearest town) Town Lansdowne (Rural)	(in this place)	Town Lansd		
HOSPITAL OR Eng	lish Counci	STREET	(If rural, give i	ocation)
INSTITUTION OR STREET ADDRESS 2901 Vermont	ve.	2901 Vermont	Ave. Eng	lish Council
3. NAME OF (First)	(Middle)	(Last)	14. DATE (M	onth) (Day) (Year)
DECEASED OLIVER	C.	KEENEY	OF DEATH Jui	ne 13 1951
(Type or Print)		1 8. DATE OF BIRTH		If under 1 year II under 24 hrs.
wine	GLE, MARRIED, OWED, DIVORCED,		J. AGE MADE DIRECTORY	Months. Days Hours Min.
Male White (Sp	ecify) Warrled	Nov. 22, 1876	/4 yrs.	
	KIND OF BUSINESS OR	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) Junes	T Employed	Granite .	Md.	U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Joseph . Keeney		Nancy Elizab	eth Locke	
IF WAR DECREE FURD IN II'S ARMED FORCES? 16. S	SOCIAL SECURITY NO.	17. INFORMANT AND		Vermont Ave.,
(Yes, no. or unknown) (If year, give war or dates of		wrs. Oliver C.	Vac w line	lish Council
NO service)	None	WCS. UIIVER U.	Veellen	isdowne, Md.
	18. MEDICAL CE	RTIFICATION	2000	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADI	NG TO DEATH			ONSET AND DEATH
	1 0	16		111/10
Immediate cause (a)	lubral	akurninge	gje 180079900	17 me
2 7 VAntecedent cause(s)	1 . 1			>
Diseases or conditions, if any, (b)	eus clus	43		
0 5 giving rise to the above cause	1 . 0 1			>
stating the underlying cause last (c)	enelisted			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				
related to the disease or condition causing death.	ICS OF OPERATION			1 20, AUTOPSY?
19a. DATE OF OPERATION 19b. MAJOR FINDIN	IGS OF OLDICATION			
		COUNTY OF T	101/11/1	Yes No
ZI. ACCIDENT	me, farm, factory, street, bldg., etc.)	(CITY OR 7	(NWN)	COUNTY) (STATE)
SUICIDE OF Office INJURY	Diag., coc.)			
TIME (Month) (Day) (Year) (Hour) INJUI	RY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY m. While Work		PER STATE OF THE STATE OF		
INSORT		,		
22. I hereby certify that I attended the dece	ased from 6/12	195%, to 6/13	, 195/, that	t I last saw the deceased
The state of the s				
alive on 6/13, 195/, and that	death occurred at.	O. 20 A. m., from the	causes and on th	e date stated above.
SIGNATURE O	(Degree or title)	ADDRESS	rac	DATE SIGNED
DOMAC Langlel	in, 450 8 E	Swondson Vill	age	6/13/5/
23. BURIAL, CREMATION DATE	NAME OF CEMETE	ERY OR CREMATORY	LOCATION (City, tov	vn, or county) (State)
REMOVAL (Specify) Burial June 16. 195	Glen Ha	ven	Glen F	Burnie. Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNA		24. FUNERAL DIRECTO		ADDRESS
REG.	V. 11.	T. W. Singleto		Burnie, Md.
10000010				

S. A DETAINED TO MAN TO

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3. 05715

1. PLACE OF DEATH	imore	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY					
CITTOTE (TELL)	orporate limits, write RUR.		CITY (If outside corpor	nte limite, write RUR	AL and giv	ve nearest town)		
HOSPITAL OR	Yet.Adm.Hosp.,		STREET	(If rural, give Lorraine A			1	
3. NAME OF DECEASED (Type or Print)	(First) CARL	(Middle) C.J. KEH	(Last)	OF	fonth) June	(Day) 16	(Year) 19 51	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specifylar 1 ed	s. Date of Birth 12-5-89	9. AGE iast birthday 61 yrs.	Months	l year Days	If under 24 hrs. Hours Min.	
Automobile S	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Harford County	, Maryland	12	COUNTR	EN OF WHAT	
John Keh	ioe		Pauline Crew					
(Yes, ng. or unknown)	TER IN U.S. ARMED FORCES (If yes, give war or dates of service) Wit I	1	17. INFORMANT AND Clin. Rec., Vet. A	ADDRESS dm. Hosp. Ft. I	Ioward	, Md.		
		18. MEDICAL CE	RTIFICATION			1		
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	Emboli from rt	. iliac veir	1	INTER ONSE	r and Deate ss than hrs.	
331X Anteceden	t equac(c)	thrombosis		16				
Oh giving rise to	onditions, if any, (b)! the above cause nderlying cause last	lassive corobral he	emorrhage, rt.			3.7	wks.	
	(e)					1		
	CANT CONDITIONS ting to the death but not e or condition causing deat	h.						
		INDINGS OF OPERATION				20. A	UTOPSY?	
21. ACCIDENT SUICIDE HOMICIDE	OF		(CITY OR		COUNTY)	(:	STATE)	
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?				
		deceased from May 23						
SIGNATURE	Poole, M. D.	d that death occurred at	ADDRESS from the	causes and on the	e date st	ated al	bove. E SIGNED	
FRANK E. PO	OLE, M.D. VETE	RANS ADMINISTRATIO	ON HOSPITAL FT.	HOWARD, MD.		6-1	17-51	
23. BURIAL, CREMA REMOVAL (Speci	TION DATE THERE	F NAME OF CEMETER	RY OR CREMATORY I	OCATION (City, to	n, or count	y)	(State)	
DATE REC'D BY I		SIGNATURE SILL	24. FUNERAL DIRECTO	R		ADD	RESS	
		· /				ZZ		

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dlst. No....

05716

1. PLACE OF DEATH. COUNTY Baltimera	MARYLAND	2. USUAL RESIDENCE (II STATE Md.	OME) OF DEC	COUNT	Bal	time
CITY (If outside corporate limits, write RUR OR givo nearest town) TOWN	AL and LENGTH OF STAY (in this place)	CITY (If outside corpora OR TOWN Woodla		RURAL and gi	ve neares	t town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2309 Pop.	lar Drive	STREET ADDRESS 2309	(If rural, p Poplar D:	rive location)		
3. NAME OF (First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print) FANNIE	S KE	LBAU GH	OF DEATH	June	4	19 51
female 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Aug. 24. 1869	9. AGE last birt 81	hday If under Months	l year Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		II. BIRTHPLACE (State or Maryland	foreign country		2. CITIZI	EN OF WHAT
13. FATHER'S NAME	St. Homs	14. MOTHER'S MAIDEN	NAME			
George T. Warfield		Mary C. Clar				
15. WAS DECEASED EVER IN U.S. ABMED FORCE (Yes, no, or unknown) (If yes, give war or dates	of 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS			
no service)	none	Mr. Willard K	elbaugh ·	- 2309 P	oplar	Drive
	18. MEDICAL CE	RTIFICATION			ı	
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH					VAL BETWEEN
	A 11	. 1			UNBER	AND DEATH
Immediate cause (a)_(Thronic My ox	ardiel Deg	everati	one	10	years
Inh Antecedent cause(s)					1//	
Diseases or conditions, if any, giving rise to the above cause	0 = 0 + 9 4 5 = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	**************************************		****************	0	
giving rise to the above cause ast						
(c)					1	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea	th. Semility					
19a. DATE OF OPERATION 19b. MAJOR					20. A	UTOPSY?
Mone					Yes	□ No V
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJ	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN)	(COUNTY)		STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?			
22. I hereby certify that I attended th	71	1 1036 to lame	4 1051	that I last a	ow the	dassanal
1 1 5	11	0 20 - //	, 13,	that I last s	aw the	deceased
	nd that death occurred at		causes and or	the date st	tated al	bove.
SIGNATURE	(Degree or title)	ADDRESS	mio0	RI	DAT	ESIGNED
Joshua /TUrus	LCUST M.D	The ali	years 7	-Jua	0	61951
2. DURIAL, CREMATION DATE THERE REMOVAL (Specify)			OCATION (City	, town, or com	ty)	(State)
Burial 6/7/51	Loudon P	ark Cem	Balto.	Md.	155	2000
DATE REC'D BY LOCAL REGISTRAR'S) Kelnel	24. FUNERAL DIRECTO	ichner	Volan	ADD	allo
					1	1111
	1-03	U		-	- //	m.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05717

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Baltinore
CITY (If outside corporate limits, write RURAL and OR give nearest town arkville (in him Mars).	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2948 Edgewood Ave.	STREET (If rural, give location) 2948 Edgewood Ave.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH June 16 1951
5. SEX M. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Spilor Tied	8. DATE OF EIRTH 9. AGE last birthday If under 1 year If under 24 hrs. June 22 1875 75 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) 10b. Kind of Business or Industry Post Office	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Baltimore
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Keller	Christina Bach
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, np; of unknown) (If yes, give wer or detes of service) None	Mary M. Keller-2948 Edgwood Ave.
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above ceues stating the underlying ceuse last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not releted to the disease or condition ceusing death.	Vuenneria 3 days-
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
alive on	19.32, to 6. 1. 19.5.1, that I last saw the deceased S. D. M., 19.5.1, that I last saw the deceased S. D. M., from the causes and on the date stated above. DATE SIGNED HS OS Harford Red. Baltimore Maryland 24. FUNERAL DIRECTOR ADDRESS Amus A Sagar 8802 Harford Red.
110/5/ 11.11. 1dacou.	And tone to be and an and an and and and and

Dr. C. W. Peake 4508 Harford Rd.

BUREAU V. S.

1361 IS NUL

BECEINED

1	Md. State BALTIMORE CITY HEALTH DEPARTMENT	
(#	BIRTH NO. CERTIFICATE OF DEATH Registered No.	
E	1. NAME OF DECEASED 11 DIA S A S A S A S A S A S A S A S A S A S	
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or before admission)	vn)
della .	HOSPITAL OR INSTITUTION (If outside corporate limits, write RURAL and give town hip) 1256 1097 AVE. BALTIMORE	
e carefull legibly.	c. Length of stay in Baltimore 2 Mos. 12 D. STREET ADDRESS (If rural, give location) Ave.	
should be	5. SEX 6. COLOR OR RACE 7. SMGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min.	4 Hi
n shou	10A. USUAL OCCUPATION (Give kied of work done during most of working life even if retired) 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) WHAT COUNTRY?	¥ ¥1.
NDING information of death cl	13. FATHER'S NAME ANTRONI XEVASA. 14. MOTHER'S MAIDEN NAME MARY STRANZ	
BINDIN of infor	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or, unfangwo) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT ADDRESS	
OR BIN tem of i	18. CAUSE OF DEATH ONSET AND DEATH	FATE
F	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	
pared.	injury or complication which caused death.) DUE TO 75 X ANTECEDENT CAUSES	
н	20. AUTOPSY? 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO	
本书	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., io or obout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	7 ;
MILY.	OF INJURY	0
782/ TE PLAI especially	22. I hereby certify that I attended the deceased from 1951, to 67, 1954, that I last saw the deceased alive on 19 and that death occurred at 6 m., from the causes and on the date stated above.	
RI	23A. SIGNATURE & Jan & W. Read St. 6/19/5	sed
A SE W	24a. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)	Sei
PLEAS	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS COCAL REGISTRAR W. Laurakas	e)
4.00.	vs 150 Step S Me Kinty St.	1 4-
20	4061242405	

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05719

CERTIFICATE OF DEATH

COUNTY CO	. Rodgers Forg	e MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	TY
CITY (If outside cor OR give nearest t TOWN	rporate limits, write RUR.	AL and LENGTH OF STAY (in this place)	CITY (If outside corpo OR TOWN TOWSOI	rate limits, write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	s 228 Dunkirk	Road	STREET ADDRESS 228 D	(If rural, give location) unkirk Road	
3. NAME OF DECEASED (Type or Print)	(First) Henry	(Middle) Joseph	(Last) King	4. DATE (Month) OF June 1	(Day) (Year) 7, 1951 19
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9/17/02	4U yrs.	er 1 year If under 24 hrs ha Days Hours Min.
Transportation	TION (Give kind of work brking life, even if retired) on Analyst	10h KIND OF BURENESS OF	Baltimo:	or foreign country) re, Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDER	NAME	
	******		• • • •	• • • • • • •	
(Yes, no, or unknown)	er In U.S. Armed Forces (If yes, give war or dates of service)		rs. Henry Joseph	h King 228 Dunki:	rk Road
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR COM	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
			Occlusion		
Immediate	cause (a)	Coronary	CCLUS.ON		16 hour
Antecedent					
	onditions, if any, (b)		***** *********************************		- will
940 stating the un	derlying cause last				
	(c)				
	ing to the death but not or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (COUNT	Y) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
-		tand tand		_	
22. I hereby certif	y that I attended the	e deceased from 6.16	, 19.5°, to 6 '/	, 19.2./., that I iast	saw the deceased
alive on 6	-17 1051 on	d that death occurred at	:30 9 m from the	answer and on the data	stated above
SIGNATURE	1	(Degree or title)	ADDRESS	causes and on the date	DATE SIGNED
J.	V. Lynn	m.D.	11 8. Chine	. St	6.19.51
23. BURIAL, CREMA REMOVAL (Specif	(y) //	NAME OF CEMETE	RY OR CREMATORY	Baltimore, Man	
DATE REC'D BY L	OOAL REGISTRAR'S		24, FUNERAL DIRECTO	J 805 n. Column	ADDRESS
- 6/-/	7/ 1/2-00		N 21. VILLEIS IXUN	o v. 7. Caller	CAULET
					100

The correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05720₃ £

1. PLACE OF DEATH- COUNTY Towson	MARYLAND	2. USUAL RESIDENCE	(HOME) OF DECEASED.	
CITY (If outside corporate limits, write RURA OR give nearest town) TOWN			prate limits, write RURAL and a	rive nearest town)
HOSPITAL OR	Kirk Rd	STREET ADDRESS 318	(If rural, give location) Dun Kirk	AJ.
3. NAME OF (First) DECEASED (Type or Print) Seorge Found	(Middle)	(Last) - AUS e	4. DATE (Month) OF DEATH June	(Day) (Year)
Male 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Morried	8. DATE OF BIRTH	// yrs.	or 1 year If under 24 hrs. B Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY 2.5. FOSTMASTER	DA/HMOVE.	Meryland.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Krause		14. MOTHER'S MAIDE	NNAME 21 NKle bach	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		Mis. Zes	ADDRESS B. Krause 315	Durkink Pd.
	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY I	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	stonary VC	Elusion		br 40Mm
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	19/10-00000	d	Valenta, dies	auditemm,
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		ru mais	accular Milla	1
19a. DATE OF OPERATION 19b. MAJOR F	INDINGS OF OPERATION			Yes No No
21. ACCIDENT (Specify) PLAC OF HOMICIDE INJU	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
22. I hereby certify that I attended the alive on little, 1957, and SIGNATURE	deceased from filled. I that death occurred at (Degree or title) Aug M D	. //		
23. BURIAL, CREMATION DATE PHERIO REMOVAL (Specify)	- Loudon	RY OR CREMATORY Park	Bellimore ma	Ly End
DATE REC'D BY LOCAL REGISTRAR'S S	Deluge 1	24. FUNERAL DIRECT	ch 5305 Hays	ADDRESS
	15%		2'71	9106

VS. A15A

The correct age

63

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

3. 05721

1. PLACE OF DEATH COUNTY Deal			2. USUAL RESIDENCE (HOME) OF DECEASED-				
	timore	MARYLAND AL and LENGTH OF STAY	Maryland				
OR give nearest	town) Sparrows Po	oint (In this place)	Y CITY (If outside corporate limits, write RURAL and give nearest town) OR Baltimore				
HOSPITAL OR INSTITUTION OR STREET ADDRES	s Bethlehem	Steel	ADDRESS 1206 No	lan Court			
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)		
DECEASED (Type or Print)	GEORGE		LANE	OF DEATH June	13 19 51		
Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) METITEU	3/1/1904	41 yrs.	Days Hours Min.		
do eminum most of wo	TION (Give kind of work orking life, even if retired)	Bethlehem Steel	Goldsboro, N.	C.	COUNTRY?		
A3. FATHER'S NAMI	E .		14. MOTHER'S MAIDEN	NAME			
	George Lane	9	Maria				
IS. WAS DECRASED EV	ER IN U.S. ARMED FORCES		17. INFORMANT				
NO or unknown)	(If yes, give war or dates service)	°1 163-079-254	Hazel Lane, 1	206 Nolan Court			
		18. MEDICAL CEI	RTIFICATION		1.		
I. DISEASES OR CO.	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH		
		Commons antons	galamagig				
Immediate	cause (a)	Coronary artery	ecterosts	** ****** *** ** ** *** ***	- 200 00 00 00 00 00 00 00 00 00 00 00 00		
420 / Anteceden	t cause(s)						
Diseases or co	onditions, if any, (b)	***************************************		**************************************	10.0 MODES OF STREET OF ST		
	the above cause iderlying cause last						
	(c)						
11. OTHER SIGNIFIC Conditions contribut related to the disease	CANT CONDITIONS ting to the death but not e or condition causing deat	h -					
		FINDINGS OF OPERATION			1 20. AUTOPSY?		
21. EXTERNAL CAU	ISE WAS I PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (COUNT)	Yes X No C		
PRIMARY GOR COL CAUSE OF DEATH	NTRIBUTING OF INJ	office hldg., etc.) JRY			(SIALE)		
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OC	CUR?			
22. I certify that I	took charge of the rema	ins described above, held an A	utopsy X Inspection	Inquiry [] thereon and	from the evidence		
obtained by said	l Aulopsy, Inspection o	r Inquiry, find that said deced	ised died on the day state	ed above, and death in mu	opinion resulted		
from: natural SIGNATURE	causes X, accident], suicide [], homicide [],	undetermined .	"	DATE SIGNED		
O Sta-	e. K. do.			2.1.1			
A. AURIAL, CREMA	TION DATE THERE	A I NOME OF CEMETER	OU Fleet St., B	altimore 2, Md.	June 13,1951		
Streme VAL (Springer	6/15/	51 L.J. Lightue	Dewetery &	belastoro.	k.C.		
DATE REC'D BY L	PCAL REGISTRAR'S	SIGNATURE	24. QUNERAL DIFFETO	und 1532 6. M	ADDRESS		
6/14/	3 1 1	N Y	The state of the s	0 - (-)	Mulleur XI		
			AD A	45 51 //	640226		

2411 N. Charles Street, Baltimore

05722

2411 N. Charles Street, Ballimore

CERTIFICATE OF DEATH

1. PLACE OF DEATS	Balto	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DECEASI	ED. COUNTY	
CITY (If outside c OR give neared TOWN	orporate limits, write RUR.	AL and LENGTH OF STAY (in the players	CITY (If outside corpora	te limits, write RURA	L and give near	rest town)
HOSPITAL OR INSTITUTION O' STREET ADDRE	R 513 15th	Street	STREET ADDRESS	(If rural, give ic	cation)	
3. NAME OF DECEASED (Type or Print)	(First) Anna	(Middle)	(Last) ang	OF DEATH	onth) (Da; 6-18-51	19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH	9. AGE last birthday 78 7 yrs.	If under 1 year Months Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUP	ATION (Give kied of work working life, even if retired)	10b. Kind of Business or Industry Housewife	Austria	r foreign country)	12. CIT.	TEYUSA
13. FATHER'S NAM	Mathais		14. MOTHER'S MAIDEN Barbara			
15. WAS DECRASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND			
	service)	a Menico de	Joseph Lang	513 45th St	rest	
1. DISEASES OR CO	ONDITIONS DIRECTLY		110	•		BEVAL BETWEEN
22H V Immediat	e cause (a)	Course up	spleyey	**************************************		Jasp
Diseases or	nt cause(s) conditions, if any, (b)	Cleteriaceller	in I			Tyra
83a giving rise t	to the above cause underlying cause last (c)					
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat	th.	HIVE HEAD			
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION				AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR 7	OWN) (O	COUNTY)	(STATE)
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
-	lify that I attended th	e deceased from /-/- 4	4, 19 to 6-18	-519, that	I last saw t	he deceased
alive on 6 -	-16 -5, 18 , ar	nd that death occurred at	ADDRESS C	causes and on the	date stated	above. ATE SIGNED
+	HHroma		/ / .	332	PR 6-	19-51
23. BURIAL, CREM REMOVAL (Spe BURTAL.	6-21-	51 Oak Lawn		OCATION (City, tow Baltimor	re Co.	(State)
DATE REC'D BY		SIGNATURE	Lilly & Zeile	R	Al	DDRESS e Street
-1047						

VS. A15
PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05723

		ODJETH TOTAL	D OF DEAT	keg. Dist. No	D
I. PLACE OF DEATH- COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (I	COUNT	Y
CITY (If outside cor OR givo nearest to TOWN	porate limits, write RUR own) Fort Howard	AL and LENGTH OF STAY 16 (in this place) days	OR TOWN Baltin	ate limits, write RURAL and given the limits, which is the limits of	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		.,Ft.Howard,Md.	STREET ADDRESS 1 S. I	(If rural, give location)	/
3. NAME OF DECEASED (Type or Print)	(First) JOSEPH	(Middle)	(Last) LA ROSE	4. DATE (Month) OF DEATH, June 2	(Day) (Year) 28 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	3-22-88	9. AGE last hirthday If under Months	1 year If under 24 hr
done during most of wor	rion (Give kind of work king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Philadelphia	, Pa.	2. CITIZEN OF WHAT COUNTRY? USA
Anthony La	Rose		Louise Cunec)	
(Yes, no, or unknown)	R IN U.S. ARMED FORCES (If yes, give war or dates ervice) WW T	of Unknown		address t.Adm.Hosp.,Ft.Ho	oward, Md.
		18. MEDICAL CE	ERTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CON	DITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATE
giving rise to t	cause(s) nditiona, if any, the above cause derlying cause last	ASSIVE RETROPERIT	ONEAL HEMORRHAGE	***************************************	Less than 24 hours Unknown
II. OTHER SIGNIFIC Conditions contributivelated to the disease	(c) ANT CONDITIONS ing to the death but not or condition causing deat	th.			
19a. DATE OF OPER.	ATION 196. MAJOR I	FINDINGS OF OPERATION			Yes No
21. ACCIDENT SUICIDE HOMICIDE	OF INJU		(CITY OR 1		(STATE)
TIME (Month) (OF INJURY	Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CURI	
KINEXOSXXXXX SIGNATURY	ACTI	e deceased from June 1 d that death occurred at (Degree or title) NG CHIEF, MEDICAL	12:10 P.m., from the ADDRESS SERVICE. VAH. F	causes and on the date st	tated above. DATE SIGNED 6-28-51
REMOVAL (Specify BUT 121	7/2/5	Holy Redeem		Baltimore, Mary	4.
REG. 30 - 19		Dadona Valu	Moran Funeral		altimore St.
#		V			, Maryland

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH	Baltimore	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY			
CITY (If outside co OR give nearest TOWN	orporate limits, write RUR town) Fort Howard	AL and LENGTH OF STAY Q(m this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 17			
HOSPITAL OR INSTITUTION OF STREET ADDRESS		inistration Hosp.	STREET	(If rural, give location) 1phin Street	/	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)	
(Type or Print)	LITTLETON	(NMI)	LAWSON	OF June		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last hirthday If und	er I year If under 24 hrs.	
Male	Colored	WIDOWED, DIVORCED, (Specify) Married	5-31-89	62 yrs. Month	Days Hours Min.	
done during most of w	ATION (Give kind of work orking life, even if retlred) Dlovee (unempl	INDUSTRY	Baltimore, Mai	12. CITIZEN OF WHAT COUNTRY? USA		
Postal employee (unemployed) 13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
Hezekiah	Lawson		Elizabeth Ric			
15. WAS DECKASED EV	ER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS			
Yes	or unknown) (If yes, give war or dates of 216-09-715); Clin-Rec. Vet. Adm. Hosp. Ft. Hosp.					
		18. MEDICAL CE			1	
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH	
		UNKNOWN				
Immediate cause (a) CARCINOMA OF STOMACH						
	conditions, if any, (b)		****		7 000 1 + # 8 8 0 0 0 10 10 00 00 00 00 00 00 00 00 00	
116 b giving rise to	the above cause inderlying cause last (c)					
II. OTHER SIGNIFIC Conditions contributed to the disease		h.				
		INDINGS OF OPERATION			20. AUTOPSY?	
			48		Yes 16 No 🗆	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR T	OWN) (COUNT		
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	URi		
		e deceased from March.	3 1957 to June 7	1957 6000000	WACASKA WASASA W	
SIGNATURIO	00000000000000000000000000000000000000	d that death occurred at	ADDRESS from the	causes and on the date	stated above. DATE SIGNED	
IRVING FRI	EEMAN. M. D	ACTING CHIEF, MEDI		H FORT HOWARD	MD. 6-1-51 unty) (State)	
REMOVAL (Speci Burial	(ty) 6/5/5	Baltimore I	Vational	Baltimore, Man	ryland	
DATE REC'D BY	COCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO		ADDRESS	
10/4/	STING), 14 edices	Joseph L. Russ	1200 McCulloh		
-6/1/		1,7		Baltimore, May	ryland 2 341	

2411 N. Charles Street, Baltimore

11	1	1	0	pi
U	U	6	6	0

ma Kate & milliame of For Schutder

24. FUNERAL DIRECTOR

Matie R. Williams

322 N.Schroeder St. Balto

ADDRESS

-	A	The correct
		The
	MARGIN RESERVED FOR BINDING	ASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly.
1	2	ASE

BY LOCAL

		CERTIFICAT	TE OF DEAT	TH Reg. Dist. N	Vo. 4X
1. PLACE OF DEAT COUNTY	Baltimore		STATE Maryla CITY (If outside corpo	(HOME) OF DECEASED. COUNT CO	
	to Fort Howard	269 days	TOWN Baltin		
HOSPITAL OR INSTITUTION O STREET ADDRE	R Veterans Adm	inistration Hosp.	STREET ADDRESS 800 W	(If rural, give location) Lexington Stree	t /
3. NAME OF DECEASED	(First)	(Middie)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	IRVING	(MII)	LEE	OF DEATH June	1 19 5
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH	9. AGE last birthday If unde	r I year If under 24 hrs.
Male	colored	(Specify) Married	10-14-90	OU VTIL.	Days Hours Min.
done during most of the Lievator	ATION (Give kind of work working life, even if retired) Operator	10b. KIND OF BUSINESS OR INDUSTRY	Cambridge, 1	Marvland	COUNTRY? USA
13. FATHER'S NAM			14. MOTHER'S MAIDE	N NAME	
Richard			Mary Lee		
15. WAS DECRASED E (Yes, no. or unknown) YES	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	Unknown	17. INFORMANT AND	ADDRESS et.Adm.Hosp.,Ft.H	oward. Md.
		18. MEDICAL CI			
I. DISEASES OR CO	onditions directly the cause (a) Max	LEADING TO DEATH Liple subcutaneo berculous periton	us tuberculous	abscesses;	INTERVAL BETWEEN ONSET AND DEATE
Diseases or giving rise t	nf cause(s) conditions, if any, (b) an	d ribs; Tuberculo			l yr
Conditions contrib	ICANT CONDITIONS uting to the death hut not use or condition causing deat				
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No X
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office hidg., etc.) JRY	(CITY OR	TOWN) (COUNTY	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCUR?	
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	d that death occurred at			
A.E. PUGH, M		VAH, Fo	rt Howard, Md.		3-2-51
23. BURIAL, CREM REMOVAL (Special	edy) DATE THERE	Baltimore Na		Frederick Rd. Be	

PLEASE WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05726

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Baltimore MARYLAND	STATE Many and COUNTY June
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN Catonsville (in this place)	TOWN Dectemore
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Opitz Nursing Home	ADDRESS 3304 Woodland Chel
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) GLADYS I.	LEW IS DEATH TUNE of 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	9. AGE last birthday II under I year II under 24 hrs. Worth 8 189 9. AGE last birthday II under I year II under 24 hrs. yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Carey	14 MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	(John W) Towing 3304 Noodland the
18. MEDICAL CI	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) CEREBRAL	HEMORRHAGE ("STROKE") 2 WEEKS
830 giving rise to the above cause stating the underlying cause last	ZED ARTERIOSCLEROSIS. YEARS
(c) SENTLITY.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	Yes No X
21. ACCIDENT (Specify) SUICIDE OF office bidg., etc.) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY O m. Work At work	HOW DID INJURY OCCUR?
ANGOLVI U	30 C1 TUNE 07 C1
	18, 19, 51, to JUNE, 27, 1951; that I last saw the deceased
alive onJUNE, 26, 1951., and that death occurred at SIGNATURA: (Degree or title)	ADDRESS ADDRESS ADDRESS ADDRESS DATE SIGNED
1. land Johnson M.D.	610. FREDERICK ROAD. JUNE, 28,51.
REMOVAL (Spegly)	ERY OR CREMATORY LOCATION (City, town, or county) (State)
Churche time 3013/12 hours	
DATE REC'D BY LOCAL I REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR / ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 129/57 A WHITE	24. FUNERAL DIRECTOR ADDRESS

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05727

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
DAICIMOTE MARYLAND	1.706.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give negrest town)	OR CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) Rural: Towson (in this place)	TOWN Baltemore /8 STREET (If rural, give location)
HOSPITAL OR INSTITUTION OR Eudowood Sanatorium	ADDRESS 103 E. 32 nd Str.
STREET ADDRESS TOWSON 4, Maryland	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) ROSE	OCKWOOD DEATH freme 22 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, OF IDOWED DIVORCED,	8. DATE OF BIRTH 9. AGE iast birthday If under 1 year If under 24 hrs. Months Days Hours Min.
temale //. (Specify)	Dept. 6. /8/3 / 13 ym.
Jon. USUAL OCCUPATION (Give kind of work lob. Kind of Businass on dane during most of working life, even if retired) INDUSTRY	If. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Hausenife	Baltimore
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Marry Nicotal	Mary Rose Hoover
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, nearly unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS Personal History-
(1es, Beford dischown) (11 yes, give war of disceror	Hospital Records, Eudowood Sanatorium
18. MEDICAL CEI	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
(p) 0 = 1	. + "Paron Pacio (2)11
Immediate cause (a) Utemonary	with Bronch asthma. 12 Many years
A A ST V Antagodont gauga(s)	with Grouch asthma.
Diseases or conditions, if any, (b)	
giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No N
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY While at Not While Work At work	
	, r. 7. 10 cl
22. I hereby certify that I attended the deceased from Nov. 4	19.20., to Line 22., 19.2., that I last saw the deceased
Tone 22 10 7 and that death accurred at the	5.30 0 m from the servers and on the data stated shave
alive on June 22 , 19 J., and that death occurred at Signature: (Degree or title)	ADDRESS DATE SIGNED
SIGNATURE DI L	
	od Sanatorium, Towson 4, Maryland
	RY OR OREMATORY LOCATION (City, town, or county) (State)
Buria (Special) 6/26/51 Amil	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 6/25/51 a w Acdush	1 " - Ook Mc. 12 / St. Paul St.

2411 N. Charles Street, Baltimore

05728

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEAT	н•		2. USUAL RESIDENCE (
COUNTY	Baltimore	MARYLAND	STATE Maryla	nd coun	TY
CITY (If outside e	orporate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corpor	rate limits, write RURAL and	give nearest town)
OR give nearest TOWN	Fort Howard	15 days place)	Town Baltim	ore	
HUSPITAL OR			STREET	(If rural, give location)	
	ss Vet.Adm. Hosp.		ADDRESS 202 S.	Robinson Street	/
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	JOSEPH		so Smiarowski)	DEATH June	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If unde	s year If under 24 hrs
Male	White	WIDOWED, DIVORCED, (Specify) Single	2-20-24	4 yrs. 1	Days Hours Min.
	ATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
	working life, even if retired)	MDOSIAL	Baltimore, M	aryland	COUNTRY? USA
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN	NAME	
Charles			Elizabeth Sm	iarowski	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
Yes	service) Win II	217-16-88/12	Clin.Rec., Ve	t.Adm.Hosp.,Ft.He	oward.Md.
		18. MEDICAL CE			
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		34.5			
Immediat	e cause (a)	AR ADVANCED ACTIV	E PULMONARY TUB	ERCULOSIS	UNKNOWN
002 X Antocodes	nt cause(s)				
Diseases or	conditions, if any, (b)		. 44 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
136 giving rise t	o the above cause anderlying cause last				
Breezing emo e	(c)				
11. OTHER SIGNIF	CANT CONDITIONS				
Conditions contribu	uting to the death but not	h. TUBERCULOUS ENTE	RITIS		UNKNOWN
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No X
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (COUNT	
SUICIDE HOMICIDE	OF INJU	office bldg., etc.) JRY			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
INJURY	m.	Work At work			
	TEA 7 7 12	I II Tuno 1	2 57 . 7	20 - 57	
22. I hereby cert	ify that Whattended the	e deceased from June 1	J., 19J., toJ.une	2.0, 195 <u>L, XIII XIX INSTE</u>	
303676767677777	YYYYYYYYYY an	d that death occurred at	4:00 A.m. from the	causes and on the date	stated shove
SIGNATURIN		(Degree or title)	ADDRESS		DATE SIGNED
A EXPEN	AL D. ACTI	ING CHIEF, MEDICAL	SERVICE, VAH.	FORT HOWARD. MD.	6-28-51
23. BURIAL, CREM REMOVAL, (Spec	ATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or cou	
REMOVAL (Spec	cits) 6/30/57	/		Baltimore, Mary	
DATE REC'D/BY	LOCAL REGISTRAR'S		24. FUNERAL DIRECT	OR	ADDRESS
REG. 6/2	9/51 20	N Hedrick	George A. Web	er 705 S. Ann St	treet
- 17				Baltimore, Ma	ryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

The correct age

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Ca

	neg. Dist. Ivo
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-
Baltinore Maryland	Mary and
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Fort Howard 2 days	TOWN Baltimore 10
HOSPITAL OR INSTITUTION OR Water Administration Management	STREET (If rural, give location)
STREET ADDRESS Ve cerais Admitits tration Hosp.	ADDRESS 2934 Greenmount Avenue
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) DANTEL, J.	LYONS, SR. DEATH June 20 195
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hr
10a. USUAL OCCUPATION (Give kind of work done during most of worther life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank A. Lyons, Sr.	Catherine Shortan
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes no, or unknown) (If yes, give war or dates of Unknown service) WW II	Clin.Rec., Vet.Adm.Hosp., Ft. Howard, Md.
18. MEDICAL CEI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
HISTORY OF GASTROIN	TESTINAL HEMORRHAGE: MILTIPLE
	ACH AND SMALL HEMORRHAGE IN 3 days
HO.O Antecedent cause(s) GASTRIC MUCOSA	
Diseases or conditions, if any, (b) UNKNOWN	
28 giving rise to the above cause stating the underlying cause last	
(c)	
	Acute aloudy swelling of kidness
Conditions contributing to the death but not related to the disease or condition causing death. 1. Fatty liver 2 Pulmonary & Condition Causing death.	erebral edema 4. Chronic pan- Unknown
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION C	reatitis and lithiasis 20. AUTOPSY?
	Yes 🕮 No 🗆
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	
TIME (Month) (Day) (Year) (Hour) iNJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?
INJURY m. work at work	
22. I certify that I took charge of the remains described above, held an A	ased died on the day stated above, and death in my opinion resulted
SIGNATURE (Dyrree or title).	ADDRESS DATE SIGNED
Millarmine MN Balle C	c. Hendall 22 ml. 6-20-51
DELEGATIVE (C. 18-1)	RY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 6/22/3 / New Cathedra	
DATE REO D BY LOCAL RECISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG /21/5/ AD-Hedrick	VernonLemmon Funeral Home 4611 Park
(i) Vi)m	Heights Ave., Baltimore, Md.

VS. A15A

The correct age

#8.	Evidence	shown on	Film Gl33 6/	15/51 j	it.		
Affi	idavit of	informant	MARYLAND	STATE	DEPARTMENT	OF	HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

I. PLACE OF DEAT	H.D.		2. USUAL RESIDENCE (H		INTY O H
	Ballo	MARYLAND	Maryland		13alle
OR give neares	t town)	AL and LENGTH OF STAY (in this place)	H UK	ite limits, write RURAL at	d give nearest town)
TOWN	Relay	(III tale prace)	TOWN Baltimo		
HOSPITAL OR INSTITUTION O	R 0/1/1	1. 101	STREET	(If rural, give iocation	on)
STREET ADDRE	ess surplus	James Ka	3554 B	enzinger Ave	
3. NAME OF DECEASED	(First)	// (Mjdelle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Clarence	/ Œ M	lachin 1888	DEATH June	11 151
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last hirthday If u	nder I year If under 24 hrs
Male	White	WIDOWED, DIVORCED, (Specify) Married	Aug. 15, 1866	62 yrs. Mo	nths Days Hours Min.
10a. USUAL OCCUI	ATION (Give kind of work	10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT
Interior	working life, even if retired)	INDUSTRY Self	Annapolis	Md.	COUNTRY U.S.A.
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	
	Isaac Machin		Tillie	Tucker	
	VER IN U.S. ARMED FORCES		17. INFORMANT		Ave
(Yes, no, or unknown)	(If yes, give war or dates (None None	Mrs. Clarence	ce Machin 35	54 Benzinger
		18. MEDICAL CE			
I DISMASSO OD CO	ONDITIONS DIRECTLY				INTERVAL BETWEEN
ii Dineases Oit Ci	ONDITIONS DIRECTLY	LEADING TO DEATH	1		ONSET AND DEATH
Ymm a dia i	4 (2)	45 monary	heart dire.	ane	
Immedia	te cause				*** ****** ****************************
	nt cause(s)	//			
Diseases or	conditions, if any, (b)				
	underlying cause last				
	(e)				
	TCANT CONDITIONS				
	uting to the death but not use or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🗆 No 🖬
21. EXTERNAL CA	USE WAS PLA	CE (Home, farm, factory, street,	(CITY OR T	OWN) (COUR	
PRIMARY COR CO	ONTRIBUTING OF	office bldg., etc.)			
	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCC	CUR?	
OF INJURY	m,	While at Nnt while work at work			
INJUNT		WOFK St WOFK	1		
22. I certify that i	I took charge of the rema	ins described abave, held an A	lutopsy . Inspection .	, Inquiry Thereon o	and from the evidence
abtained by sa	id Autapsy, Inspection of	r Inquiry, find that said dece	ased died on the day stated	d above, and death in	my opinion resulted
	l causes accident	, suicide , homicide,	undetermined .		DATE SIGNED
SIGNATURE	11 11	NOON TO THE WAY	ADDRESS		DATE SIGNED
10/M	is the Mit	2 Stan Alt.	1 / MO ROI	Nasar	- June 1157
23. BURIAL, CREM	ATION / DATE THERE	OF I NAME OF CEMETE	RY OR CREMATORY L	OCATION (City, town, or	
REMOVAL (Specifical	elfy) 6/14/51	Mt. Olive		Randalstown	1 /
DATE REC'D BY			Cem.		ADDRESS
REG.	2 47	Man III	John T Stans		
Much	131 - 6	7	John I Stans	bury 2100 E	dmondson Ave.

BUREAU V. S.

1651 or Nor

BECEINED

PLEASE

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05731

Reg. Dist. No. 93

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	v
MARYLAND	Me BAITO	
OR give nearest toyn (in, this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR RESPECTING LIFE	TOWN Respecting	
INSTITUTION OR	STREET ADDRESS (11 rural, give location)	
STREET ADDRESS 5201. MEN WOOD AVE	5201. Kennaed AVe	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Mnnth)	(Day) (Year)
(Type or Print) H. CITTON	Cornick DEATH June	22 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday If under	I year If under 24 hr
While (Specify) Widaw = Y	April 10-18/11 July 18.	
done during most of working life, even if retired) INDUSTRY	14. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Baite.co	AZU
	14. MOTHER'S MAIDEN NAME	
16. WAS DECRASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of		
No service)	Mr. Henry Mannillar treyer	way AVP
18. MEDICAL CE	RTIFICATION /	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	4. 11	ONSET AND DEATH
William to two	rund / dru & Klash	
Immediate cause (a)		
7 /6 / Antecedent cause(s)	P. ctal	
Diseases or conditions, if any, (b)		78 94 80 1 0 100000 0000 10000 10000 1000 180
/4 4 c stating the underlying cause last		
(c)		1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition dausing death		
19a. DATE OF OPERATION 196 MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21 EVTEDNAL CALICE WAS DEACH (IV	A COUNTY OF TOTAL	Yes No No
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF Office Adjuster, street, OF office Adjusts, street, INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW PID INJURY OCCUR?	
OF INJURY (22-51 10 m. While at work at work	The sul the las.	-
22 I contifue that I took shares of the remains described share held - 1	I I I I I I I I I I I I I I I I I I I	£ 11 12
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated above and death in my	grom the evidence
from: natural causes], accident], suicide , homicide],	undetermined .	penton renauta
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
1/ 20 avis on a you Med. &	raumer Ollubric - m	1743/5
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or coun	ty) / (State)
BATAMEMANT 16/23/31 Taykwool		nd.
DATE RECID BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/25/3/ a.w Hedrich	Landy Fines Home 7401 Bolain	red.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05732

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CERTIFICATE OF DEATH

COUNTY Galtings. County. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Balline
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place) (in this place)	CITY (If outside corners to limits, write RURAL and give OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS all Hall- Mursig Home	STREET (If rural, give location)	oad.
3. NAME OF (Fint) H. Mc (MidWe) (Type or Print) Lengt . H. Mc Culling	(Last) 4. DATH (Month) OF DEATH	(Day) (Year) 26 195 \
5. SEX 6. COTOR OF RACE SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday II under Months	I year If under 24 kg. Hours Min.
done during most of working life, even if retired) 10b. Kind of Business of Industry Light Market Control of Business of Industry	Carroll County Md	COUNTRY?
Hrace & Mc Cukkin	Lilian. Spursier	
15. Was Decrased Ever IT U.S. Armyd Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT J. Sy. C. Cul	hai Wafe
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	Anotia	36 KA.C
A do A.		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	e of Roady	4/2 MUS-
52 b stating the underlying cause last (c) Cascina	of aladdel	8 MOS
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	sis; CA of Mostate	ş
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from/	1951, to 6/25, 195/, that I last s	aw the deceased
alive on 6 /2 4, 19.51, and that death occurred at		
SIGNATURE (Degree or title)	ADDRESS 34 Easter are., Balto m.	DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	2. FUNERAL DIRECTOR	ADDRESS,
REG. 6-25-51	Windal Alapel 313-8. de	akland are
	54/16	1506

2411 N. Charles Street, Baltimore

CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. N	io. <i>30</i>
1. PLACE OF DEATH- COUNTY ///	2. USUAL RESIDENCE (HOME) OF DECEASED.	ry P II '
Baltimove MARYLAND	Maryland	LRITIMONE
CITY (If outside corporate limits, write RURAL and OR give nearest town) // TOWN	OR CITY (If outside corporate limits, write RURAL and g	ive nearest town)
	TOWN Baltimore	
HOSPITAL OR INSTITUTION OR Spring Groot State Hospital	STREET (If rural, give location) ADDRESS 25 3 2 Lanuale St.	./
3. NAME OF (F) (Middle)	(Last) , 4. DATE (Month)	(Day) (Year)
(a) paration	1c Donough DEATH June	25, 1957
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wildows 7.	8. DATE OF BIRTH 9. AGE last birthday If under Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) New York City N.Y.	2. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Gallantor	Flor?	
15. WAS DECRASED EVER IN U.S. ASMED FORCES? 16. SOCIAL SECURITY No. (Yes. no, or unknown) (If yes. give war or dates of	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Hospital rocard	
Alo Iservice) 18. MEDICAL CE		
	SKIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate cause (a) Acute Myperand	lial Failure	24 hours
Immediate cause (a)	L. J. J. A. III J. Comment of the co	
782.4 Antecedent cause(s)		
Diseases or conditions, if any, (b) Ten eval a che sove cause	X.1 A	G MOS
162 a stating the underlying cause last		
(c)		Ì
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senila Psychology.	chasis	3413
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION/		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		, , , , , , , , , , , , , , , , , , , ,
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from July !	17 19 50 to Jame 25 195 / that I lost	sow the deceased
22. I neleby tellify that I attended the deteased from	~ 30 -	saw mie deceased
alive on	fm., from the causes and on the date s	tated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
OI DWY MID	9 Cht Illing 1	10-1
John 1. Misley MD Jorning		une 25, 1951
127/51 Calva	THE GOLD REMATORY LOCATION (City, town, of cou	nty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 6/26/57 awitanex	10 2 Gok Juc 1217 St. Par	el ST.
		/
	7.9	1. 2 1 1 1 -

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

COUNTY	11.		2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	rv
COUNTY Baltimor	e	MARYLAND	Maryland CITY (R outside corporate limits, write RURAL and g	1
CITY (If outside c	erporate limits, write RURA	AL and LENGTH OF STAY (in this place)	OR CITY (Il outside corporate limits, write RURAL and g	rive nearest town)
TOWN Cato	nsville	16 yrs. 8	TOWN Baltimore	
HOSPITAL OR	24	mths., 19 day	STREET (If rural, give location)	
INSTITUTION O STREET ADDRE	ss Spring Grove	State Hospital	ADDRESS 1501 Aisquith St.	/
3. NAME OF DECEASED	(First)	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	GEORGE	N	McLAIN (McClain) DEATH June	21 19 51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If unde	r 1 year If under 24 hrs
Male	White	WIDOWED, DIVORCED, (Specify) Widowed	Mar. 27, 1887 64 yrs. Months	Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR		12. CITIZEN OF WHAT
done during most of v	working life, even If retired)	Industry	Baltimore	COUNTRYS
13. FATHER'S NAM	ĬĒ.		1 14. MOTHER'S MAIDEN NAME	0.0.
Frank	MoTain		Minnie Wamback	
	VER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
	(If yes, give war or dates of		Hospital Records, Catonsville	28 164
	service)			zo, ma.
		18. MEDICAL CE	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH		ONSET AND DEATH
Immediat	0 000000 (8)	Cardio-respiratory	failure	l hr.
Intinediat	c cause			
	nt cause(s)			l hr.
	conditions, If any, (b)	lcute cardiac deco	empensa won	
950 stating the	inderlying cause last			
450	(e)	Pulmonary patholo	ogy, etiology undetermined	Unknown
	CANT CONDITIONS			
	uting to the death but not use or condition causing deat	h.		
		INDINGS OF OPERATION		20. AUTOPSY?
12 - 22 - 10 1 1 1				Parties and the second
21. ACCIDENT	(Specify) PLAC	CE (Home, farm, factory, street,	(CITY OR TOWN) (COUNT)	Yes No (STATE)
SUICIDE HOMICIDE	OF INJU	office bldg., etc.)	(00011	(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY	m.	While at Not While Work At work		
INJOICE	****	WORL CONTROL		
22. I hereby cert	ify that I attended the	deceased from June]	18, 19.51., to June 21., 1951, that I last	saw the deceased
alive onJu	ne21, 1951, an	d that death occurred at a	2:55p.sm., from the causes and on the date s	tated above.
SIGNATURE	7			DATE SIGNED
4110RW			ng Grove State Hospital	6 02 53
since (M. No	mmann-	Dreeu / Ocator	isville 28. Md.	6-21-51
23. BURIAL, CREM REMOVAL (Spec	ATION DATE THEREC	-100	CRY OR CREMATORY LOCATION (City, town, or cou	nty) (State)
Burra	10-23-	2 / new Galle	edyal conely of allinors	mcl.
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
6/22/	51 Muls	Lectrick	Church UT. Coulden 924E.	Eagels St.
-7		1 vn		May Will

2411 N. Charles Street, Baltimore

05735

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
Daltimone MARYLAND	STATE ind ryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and OR give nearest town) COCKEUS: LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN On Kton
HOSPITAL OR INSTITUTION OR Offutt Convalescent Home	STREET ADDRESS Conbett (If piral, give location) ADDRESS Conbett Hoad
3. NAME OF DECEASED (First) (Middle) (Type or Print) Fanny King M	DEATH ONLY
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs. Oct. 12, 1869 9 yrs. Yrs. Months. Days Hours Min.
10n. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NOUSTRY ACCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James hattinen Mihane	Tanny King
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a) Crrs bral	hemorrhage Sdays.
4/1/2 X Antecedent cause(s)	
Diseases or conditions, if any, (b) Hypentrusive -	Antenioscleratio byears
giving rise to the above cause stating the underlying cause last (c)	rascular disease
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from May	1975, to June, 195/, that I last saw the deceased
alive on June 2%, 19.51, and that death occurred at	ADDRESS DATE SIGNED
Elizabeth B. Sherrill, M. S.	Cockepville, ma. 6/25/5-1
REMOVAL (Specify) 6-30-1951 ST. THOMA	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 6 9 51 REGISTRAR'S SIGNATURE	H.W. JENKINS & SONS CO. 4905 VORK RD.
1 / 1/	BALTO. 12, MD.

on carefully. The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

		CENTIFICAT	E OF DEAT	Reg. I	Dist. No.
1. PLACE OF DEAT COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (F STATE North		COUNTY
OR give neares	t town Fort Howard	AL and LENGTH OF STAY 73 (in this place)	CITY (If outside corpora OR TOWN MONTO		and give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	D	inistration Hosp.	STREET ADDRESS	(If rural, give loc	ation)
3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) R.	(Last) MC MANUS	4. DATE (Mor OF DEATH J	une 23 (Year)
6. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED	3-4-18	33 yrs.	If under 1 year If under 24 hr Montha Days Hours Min
done during most of	PATION (Give kind of work working life, eyen if retired) (unemployed)	10b. Kind of Business or Industry Shoe Store	Morroe, Nort	h Carolina	12. CITIZEN OF WHAT COUNTRY? USA
Robert M		17 16. SOCIAL SECURITY NO.	Mamie Robins	on	
(Yes, no, or unknown)	(If yes, give war or dates service) WW II	Unknown 18. MEDICAL CE	Clin.Rec., Ve		Ft.Howard,Md.
Diseases or giving rise to atting the stating the stating the stating the stating the conditions contributed to the disease.	nt cause(s) conditions, if any, to the above cause underlying cause last (c) ICANT CONDITIONS utility to the death but not ase or condition causing deal	UBERCULOSIS, CHRON	IC, PULMONARY, FAR	ADVANCED, AC	
191. DATE OF OFE	AATION 138. MAJOR 1	FINDINGS OF OFERALION			20. AUTOPSY? Yes \(\text{No } \mathbb{X} \)
21. ACCIDENT SUICIDE HOMICIDE	OF INJU	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR T		OUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	While at Not While Work At work	HOW DID INJURY OCC	DUR?	3,5
		e deceased from Aprildd that death occurred atl			
23. BURIAL, CREM BEMOVAL (Spe BEMOVAL)	cify) 6/29/5	to PRIVATE	MIST 1	OCATION (City, town,	V.C.
REG. 6/25	LOCAL REGISTRAR'S	W Hedney	24. FUNERAL DIRECTO Charles R. Law		Ave.,Balto.Md.
Shipped	to F.A. Crowell	& Co. 309 N. Chur	ch St., Monroe,		490651

PLAINLY, WITH is especially importan

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

15737

Reg. Dist. No.....

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY COUNTY Baltimore Maryland MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) y (II outside town) give nearest town Fort Howard Light this place) Baltimore TOWN TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS Veterans Administration Hosp. Kesswick & 33rd Streets STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED ALBERT (NMI MERSON (Type or Print) DEATH June 27 19 51 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married—Se 6. COLOR OR RACE 9. AGE last birthday | If under I year | If under 24 hrs. | Months | Days | Hours | Min. 5. SEX 8. DATE OF BIRTH Male White 5-28-00 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired)
Golf Caddy (unemployed)
13. FATHER'S NAME INDUSTRY COUNTRY? Baltimore, Maryland USA 14. MOTHER'S MAIDEN NAME Willie Merson Rosie Kleggett 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, give war or dates of Yes Clin.Rec., Vet.Adm. Hosp., Ft. Howard, Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH PULMONARY INFARCT UNKNOWN Immediate cause Antecedent cause(s) (b) THROMOPHLEBITIS LEFT FEMORAL VETN 24 HOURS Diseases or conditiona, If any. giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS related to the disease or condition causing death. PULMONARY TUBERCULOSIS, BILATERAL, FAR ADVANCED Conditions contributing to the death but not UNKNOWN 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No D Yes | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY 21. ACCIDENT SUICIDE (CITY OR TOWN) (COUNTY) (Specify) (STATE) HOMICIDE TIME (Month) (Day) (Year) INJURY OCCURRED HOW DID INJURY OCCUR? (Hour) While at Not While Work INJURY At work 22. I hereby certify that Wattended the deceased from May 2 , 1950, to June 27, 1951, that Whattended the deceased from May 2 SIGNATURN (Degree or title) DATE SIGNED FURTH, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 23. BURIAL, CREMATION | DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOYAL (Specify) June 30/51 St. Mary's Baltimore, Maryland Hamnden 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL ADDRESS REG. Austin E. Donovan 3818 Roland Avenue Baltimore, Maryland

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Be 05738

I. PLACE OF DEATH. COUNTY Balto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 22 & (If juryl, give location)	
3. NAME OF (First) < (Middle) (Type or Print)	Miller 4. DATE (Month) OF DEATH	(Day) (Year)
Male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	June 1 /1800 6 6 4m.	year II under 24 hrs. Days Hours Min.
done during most of working life eyen if retired) Lindustry Lindustry	il Pa	CITIZEN OF WHAT
13. FATHER'S NAME AND STATE OF THE SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCEST I 16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME Recce	
(Yes, no, or unknown) (If yes, give war or dates of service)	anna Milla 22 8 K	ressmill
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Storagy (C)	elisin	**************************************
All, Antecedent cause(s) Diseases or conditions, if any, giving rise to the show cause stating the underlying cause last (c)	y Cardii-Vascular Dese	1 - 3-44,
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY Office bldg., steet Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY	HOW DID INJURY OCCURA	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decer from: natural causes . accident ., suicide ., homicide ., suicide ., homicide .,	ased died on the day stated above, and death in my annotermined	rom the evidence opinion resulted
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETAI	Exam - Milldaric - 22 - Md RY OR CREMATORY LOCATION (City, town, og count)	7 V / 5 / (State)
DATE RECID BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 6/25/5/0 a w peduch	Well Fund Home 200	4 Oalen
VJ	100	I

VS. A15A

Correct age

MARYLAND STATE DEPARTMENT OF HEALTH

B= 05739

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

I. PLACE OF DEATH COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and Denoted December 1 town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF (Middle) MARYLAND LENGTH OF STAY OR TOWN STREET ADDRESS (Mru all give log at on) ADDRESS (Middle) LENGTH OF STAY OR TOWN STREET ADDRESS (Mru all give log at on) ADDRESS (Month) (I	altolity
CITY (If outside corporate limits, write RURAL and OR OR OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF (First) CITY (If outside corporate limits, write RURAL and give no OR OR TOWN STREET ADDRESS 45 13 (If ru all give location)	muliny
OR give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF (First) OR TOWN TOWN STREET ADDRESS 4513 (If ru al give location) ADDRESS (If ru al gi	
HOSPITAL OR INSTITUTION OR STREET ADDRESS GREEN STREET ADDRESS 4513 Wester ADDRESS 3. NAME OF A (First) (Middle) (Last) A DATE (Month) (C.	earest town)
	/
(Type or, Print) Te Rou Gordon MI C DEATH CAME	Ony) (Year)
5. SEX 6. CQLOR QRA ACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday If under 1 ye	
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business oa 11. BIRTHPLACE (State or foreign country) 12. C	ITIZEN OF WHAT
2 / 12 1/1/	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	- 1 -
	el Ave
18. MEDICAL CERTIFICATION	TERVAL BETWEEN
	NEET AND DEATE
Aspludiation drowning accelerate &	Margala
Immediate cause (a) I Translation (b) I Translation (c) I Translat	saint 12 to
Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause	*************************************
83 stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but ant related to the disease or condition canding death.	
Conditions contributing to the death but ant related to the disease or condition causing death.	0. AUTOPSY?
Conditions contributing to the death but nnt related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 26	
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Hinne, farm, factory, street, PRIMARY OR CONTRIBUTING OF office bldg., etc.) PRIMARY OF CONTRIBUTING OF OFF office bldg., etc.)	0. AUTOPSY? Yes No No (STATE)
Conditions contributing to the death but nnt related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Hinme, farm, factory, street, OF office bldg., etc.) CAUSE OF DEATH. CAUSE OF DEATH. COUNTY)	Yes No
Conditions contributing to the death but nnt related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (linne, farm, factory, street, OF office bldg., etc.) CAUSE OF DEATH. CAUSE OF DEATH. COUNTY)	Yes No
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bidg., etc.) PRIMARY OR CONTRIBUTING OF Office bidg., etc.) INJURY INJURY OCCURRED While at Not while work at work of the remains described above, held an Autopsy Inspection or Inquiry, find that said deceased died on the day stated above, and death in my oping from: natural causes Indicated accident said accident number of the remained Indicated Indi	Yes No No (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, OF office bidg., etc.) PRIMARY OR CONTRIBUTING INJURY OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY OF INJURY 22. I certify that I took charge of the remains described above, held an Autopsy Inspection of Inquiry in thereon and from obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opin from: natural causes In accident Inquiry, find that said deceased Interpretated Interpretat	(STATE) m the evidence inion resulted
Conditions contributing to the death but nnt related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) PRIMARY OR CONTRIBUTING OF Office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work at work obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my oping from: natural causes , accident , suicide , homicide , undetermined .	(STATE) m the evidence inion resulted
Conditions contributing to the death but ant related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Hame, farm, factory, street, OF office bldg., etc.) PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work at work at work at work at work. 22. I certify that I took charge of the remains described above, held an Autopsy Inspection of Inquiry of thereon and from obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my oping from: natural causes Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my oping from: natural causes Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my oping from: natural causes Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my oping from: natural causes Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my oping from: natural causes Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my oping from: natural causes Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my oping from: Natural Causes Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my oping from: Natural Causes Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my oping from: Natural Causes Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my oping from: Natural Causes Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my oping from: Natural Causes Autopsy, Inspection or Inquiry, find that said deceased died on the day stated	(STATE) m the evidence inion resulted DATE SIGNED

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05740

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Balto. MARYLAND	STATE MA COUNTY	Balto.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	re nearest town)
OR give nearest town) Rospe berg (in this place)	TOWN Paside burg	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR 406 Old Home Pd.	ADDRESS 406 Old Home	Rd.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) Heley 14.	19099 DEATH 6	195
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W/ dow	8. DATE OF BIRTH 9. AGE last hirthday If under Months	1 year If under 24 hrs. Days Hours Min.
102 USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	1 11. BIRTHPLACE (State or foreign country) 12	. CITIZEN OF WHAT
done during most of working life, even if retired) Inpustry worth & Co.	1 /a /10114 /-19.	COUNTRY! U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	, BJ
Geo. S. Smith	Luma M. Hentel	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	1304
(Yes, no, or unknown) (If yes, give war or dates of 2/5-22-0/77	Vact Mogg 406 Old H	One & / (1d)
18. MEDICAL CE	RTIFICATION	1.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
		7 0
Immediate cause (a) Cerabus! fe	euvilage	Jan Y
	1 1 : 11 + 1	-
Diseases or conditions, if any, (b)	hypertenori Heart Deseans	30.
giving rise to the above cause		0
930 stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
158. DATE OF OTENATION TO ME AND STATE OF STATE		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
SUICIDE OF office hldg., etc.)		(5-111-)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from 12	19 47 to June / 1951 that I last &	aw the deceased
l Quiot a		
	7:30 P.m., from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
alam yswers w.s.	/1	u2,1951
	ERY OR CREMATORY LOCATION (City, town, or count	ty) (State)
REMOVAL (Specify) 6/4/5-1 Partiu		d.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. un 2-37 mas a. L. Ruforud	Weessafin Sureal Vanc	"Belair Ra
	100	1 / 1/2

Dr. A. Swiss

BUREAU V. S.

244 (1985)

2411 N. Charles Street, Baltimore

05741

CERTIFICATE OF DEATH

Reg. Dist. No. 31-

PLACE OF DEATH COUNTY CO						
CITY (If outside corporate limits, write RURAL and property cown) TOWN Property Logn Town		mant a	MARYLAND	STATE _	COUNT	Y
HOSPITAL OR INSTITUTIONES ADDRESS GLOCAL STREET ADDRESS Continue ADDRESS Continu	OR give neares	corporate limits, write RUR.	LENGTH OF STAY (in this place) 3 Weeks	OR TOWN PHILAS	ate limits, write RURAL and gi	ve nearest town)
DECASED OF Print) OF SEX OF COLOR OR RACE OF PRINT OF SEX OF COLOR OR RACE OF PRINT OF SEX OF COLOR OR RACE OF PRINT OF SEX OF COLOR OR RACE OF SEX OF SE	INSTITUTION C	OR ESS		STREET		V
DECEASED MARKEL MAJON MOOREY POEATH JONE MOOREY DEATH JONE MOOREY JONE JONE MOOREY JONE JONE MOOREY JONE MOOREY JONE JONE MOOREY JONE JONE MOOREY JONE JONE JONE JONE MOOREY JONE JONE JONE JONE JONE JONE JONE JONE JONE MOOREY JONE JON		(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
Company Continued Contin						
105. USUAL OCCUPATION Give kind of work done, during most of working life, even if redired) 105. Kind of Business or 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT GOUNTY 13. FATHER'S NAME	E		7. SINGLE, MARRIED, WIDOWED, DIVORCED,		Months.	l year If under 24 hrs. Days Hours Min.
13. FATHER'S NAME A Y D N 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 17. INFORMANT AND ADDRESS 18. MEDICAL CERTIFICATION 18. MEDIC	10a. USUAL OCCUI	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country) 1	2. CITIZEN OF WHAT GOUNTRY?
15. WAS DECRASED EVER IN U.S. ARMED FORCEST (Yes, no, or or unknown) (If year, give war or dates of NO NO Unknown) (If year, give war or dates of NO NO NO Unknown) (If year, give war or dates of NO NO NO Unknown) (If year, give war or dates of NO NO NO NO Unknown) (If year, give war or dates of NO DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Colorance or conditions, If any, (b) Interests a Between Onser any Death Jineases or conditions, If any, (c) Interests a Between Onser any Death Jineases or conditions, If any, (b) Interests a Between Onser any Death Jineases or conditions, If any, (c) Interests a Between Onser any Death Jineases or conditions, If any, (b) Interests a Between Onser any Death Jineases or conditions can represent the above cause a Between Onser any Death Jineases or conditions and I any, (b) Interests a Between Onser any Death Jineases or conditions and I any, (b) Interests a Between Onser any Death Jineases or conditions and I any, (b) Interests a Between Onser any Death Jineases or conditions and I any, (b) Interests a Between Onser any Death Jineases or conditions and I any, (b) Interests a Between Onser any Death Jineases or conditions and I any, (b) Interests a Between Onser any Death Jineases or conditions and I any, (b) Interests a Between Onser any Death Jineases or conditions and I any, (b) Interests a Between Onser any Death Jineases or conditions and I any, (b) Interests a Between Onser any Death Jineases or conditions in Interests and I			-	14. MOTHER'S MAIDEN	NAME	0 0 11
(Yes, no, or unknown) (Hyear, give war or dates of 192-26-7696 MARY C. FPRERS WHITE HALL, MD I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Conditions directly Leading to Death Immediate cause (b) Diseases or conditions, if any, (b) giving rise to the above cause last conditions contributing cause last conditions contributing to the death but not related to the disease or condition causing death. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) (NJURY OCCURRED While at Not White of		- DAY	101	LNKNOWN		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)						
Immediate cause (a) Conservant Occurrence (b) Diseases or conditions, if any, (b) Diseases or conditions, if any, (b) Diseases or conditions, if any, (b) Diseases or conditions in any, (b) Diseases or conditions contributing to the above cause stating the underlying cause last (c) Diseases or conditions contributing to the death but not related to the disease or condition causing death. (d) Diseases or conditions contributing to the death but not related to the disease or condition causing death. (d) Diseases or conditions contributing to the death but not related to the disease or condition causing death. (d) Diseases or conditions contributing to the death but not related to the disease or condition causing death. (EITY OR TOWN) (COUNTY) (STATE) (STATE) SUIGIDE (D) DATE SIGNED (STATE) SUIGIDE (STATE) SUIGIDE (D) DATE SIGNED (STATE) SUIGIDE (STAT		service)	192-26-7696	I MARY C. E	PPERS WHITE	HALL, MD
giving rise to the above cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. IPa. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 19b. MAJOR FINDINGS OF OPERATION (COUNTY) (STATE) (STATE)	Immedia	ite cause (a)	LEADING TO DEATH			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OCCUR? While at Not While Injury Occur? While at Not While At work Injury Occur? 22. I hereby certify that I attended the deceased from Attach Injury Occur? SIGNATURE (Degree or title) ADDRESS 23. BURIAL, CREMATION DATE Occurred at ADDRESS DATE SIGNED NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) JONE - 15-1917 COURON PARK BALTIMORE MAD DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS	9 4 stating the stating the II. OTHER SIGNIF Conditions contrib related to the dise	to the above cause underlying cause last (c)				
21. ACCIDENT SUICIDE OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While a	19a. DATE OF OPI	ERATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Work HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Work HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Work 195/, to June 1/2, 195/, that I last saw the deceased alive on June 1/2, 195/, and that death occurred at June 1/2, 195/, that I last saw the deceased alive on June 1/2, 195/, and that death occurred at June 1/2, 195/, that I last saw the deceased alive on June 1/2, 195/, and that death occurred at June 1/2, 195/, that I last saw the deceased alive on June 1/2, 195/, and that death occurred at June 1/2, 195/, that I last saw the deceased alive on June 1/2, 195/, and that death occurred at June 1/2, 195/, that I last saw the deceased alive on June 1/2, 195/, and that death occurred at June 1/2, 195/, that I last saw the deceased alive on June 1/2, 195/, that I last saw the deceased alive on June 1/2, 195/, that I last saw the deceased alive on June 1/2, 195/, that I last saw the deceased alive on June 1/2, 195/, that I last saw the deceased alive on June 1/2, 195/, that I last saw the deceased alive on June 1/2, 195/, that I last saw the deceased from June 1/2, 195/, that I last saw the deceased alive on June 1/2, 195/, that I last saw the deceased alive on June 1/2, 195/, that I last saw the deceased alive on June 1/2, 195/, that I last saw the deceased from June 1/2, 195/, that I last saw the deceased alive on June 1/2, 195/, that I last saw the deceased from June 1/2, 195/, that I last saw the deceased from June 1/2, 195/, that I last saw the deceased from June 1/2, 195/, that I last saw the deceased from June 1/2, 195/, that I last saw the deceased from June 1/2, 195/, that I last saw the deceased from June 1/2, 195/, that I last saw the deceased from June 1/2, 195/, that I last saw the deceased from June 1/2, 195/, that I last saw the deceased from June 1/2, 195/, that I last saw the deceased from June 1/2, 195/, that I last saw the deceased from June 1/2,			do at			
22. I hereby certify that I attended the deceased from	SUICIDE	OF	office bidg., etc.)	(CITY OR 1	OWN) (COUNTY)	(STATE)
alive on June 12, 19.51, and that death occurred at 10 m, from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED ADDRESS 23. BURIAL, CREMATION DATE REMOVAL (Specify) JONE - 15-1957 ADDRESS NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) JONE - 15-1957 ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 124. FUNERAL DIRECTOR ADDRESS	OF		While at Not While	HOW DID INJURY OC	CUR?	
23. BURIAL, CREMATION DATE NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) JONE - 15-1917 OURON PARK BALTIMORE MD DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	22. I hereby cer alive on SIGNATURE	leng 12, 19 5-1, an	d that death occurred at	ADDRESS From the	causes and on the date st	tated above. DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR ADDRESS	REMOVAL (Spe	MATION DATE	NAME OF CEMETE			
05.8868	DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24, FUNERAL DIRECTO	R	ADDRESS
				1, 7720	0.	5.8868

BUREAU V. S.
BUREAU V. S.

6

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05742

Baltimore, Maryland

Reg. Dist. No ... 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY Maryland Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and | LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) TOWN Fort Howard 73 in this place) Baltimore TOWN HOSPITAL OR INSTITUTION OR Veterans Administration Hosp. STREET (If rural, give location) ADDRESS 1520 E. Pratt St. 3. NAME OF (Middle) (First) 4. DATE (Last) (Month) (Day) (Year) DECEASED RICHARD NMI NEAL June 26 (Type or Print) DEATH 19 5] 7. SINGLE, MARRIED, S. WIDOWED, DIVORCED, (Specify) Mairied—Sep. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. 65 yrs. Months | Days | Hours | Min. 2-8-86 Male Colored 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) Stevador (unemployed) INDUSTRY COUNTRY? Baltimore, Maryland USA wong Shoreman 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Thomas Neal Georgiana Robinson 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of 212-03-01/1 Clin.Rec., Vet.Adm. Hosp., Ft. Howard, Md. INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (a) ENCEPHAIOMAIACIA OF LEFT CEREBRAL CORTEX; LARGE UNKNOWN Immediate cause CYST OF LEFT CEREBELLAR LOBE; CEREBRAL EDEMA; CACHEKIA Antecedent cause(s) Diseases or conditions, if any. giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes K No 🗆 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work 22. I hereby certify that Wasttended the deceased from April 11, 1951., to June 26., 19.51, YEXX MASSES WING RECEASED SIGNATURE (Degree or title) Appress DATE SIGNED 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)
BURIAL Specify)

Religious Name of Cemetery or Crematory Location (City, town, or county)

Religious Nations 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL ADDRESS REG. Charles R. Law 802 Madison Avenue

KASE

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

FOR MEDICAL	EXAMINERS	Reg. Dist. No.
I. PLACE OF DEATH COUNTY A L + C MARYLAND	2. USUAL RESIDENCE (HOME) OF STATE	DECRASED. COUNT Balto.
OR give nearest town TOWN Putty Hill LENGTH OF STAY (in this place)	CITY (If outside corporate limits, work or TOWN Putty	write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Belair Rd.		ural, give location)
3. NAME OF DECEASED (First) (Middle) (Type or Print)	VCICER 4. DATI	E (Mooth) (Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specily)		st birthday If under I year If under 24 hr Months Days Hours Mir
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if retired) INDUSTRY	II. BIRTHPLACE (State or foreign corel Co. Balto. Co.	
13. FATHER'S NAME Jos. Necker	14. MOTHER'S MAIDEN NAME Catherine Kras	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, oo, or unknown) lift yes, give war or dates of Employee	17. INFORMANT AND ADDRESS	ecker, Maglidt.Ave.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	younders:	Fullerton Interval Betwee Onset and Deat
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office flow, etc.) CAUSE OF DEATH.	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY Not while work a at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: notwal causes occident, suicide, homicide, homicide, signature [Degree or title] 23. BURIAL. CREMATION DATE THEREOF RAME OF CEMETE REMOVAL (Specify) BUT 18 CO BY LOCAL REGISTRAR'S SIGNATURE [DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE] [DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE]	ased died on the day stated above, a undetermined ADDRESS RY OR CREMATORY LOCATION Chs Cem. 124. FUNERAL DIRECTOR	(City, town, or county) ADDRESS Ome 7401 Belair Rd.
In Jan	200001111 1 01101 012 11	Charles Man

2411 N. Charles Street, Baltimore

05744

CERTIFICATE OF DEATH

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	1 AL
COUNTY MARYLAND	STATE Manufaced COUNTY	alliero
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give ne	arest town)
OR give nearest town) Hen and (in this place)	TOWN Stem assure	
HOSPITAL OR	STREET (If rural, give location)	1
INSTITUTION OR STREET ADDRESS	ADDRESS Memarga Stord	
3. NAME OF (First) PO (Middle)	Man OF Heave of	(Year)
(Type or Print)	MUNOW DEATH SUM 2	195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	1300. 1867 86 agree 1	lys Ilours Min.
10a. USVAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Musicia Cou	ITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Warner	Undanoun	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT AND ADDRESS	11. 2.1
(Yes, no or emknown) (If year, give war or dates of service)	Charle N. May, Hence	OHH, HIL
	PTIFICATION	ITERVAL BETWEEN
18. MEDICAL CE I, DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NSET AND DEATH
(-erek-no	om on bosis	36-tran-
Immediate cause (a)		
Antecedent cause(8)	rotin Steart Disease	h -1.60
Vela 0,0	see onal much	-1/9/13
Diseases or conditions, if any, (b) giving rise to the above cause	Tation along a	5
93d stating the underlying cause last (c) Seneral U	moscuros	
II. OTHER SIGNIFICANT CONDITIONS Conditions cootributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	12	0. AUTOPSY?
		Yes No Z
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE INJURY PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work	A .	
1. 15	6., 1947, to une 30,1957, that I last saw	the day
22. I hereby certify that I attended the deceased from	6, 19.47, to fune 30,19.5./, that I last saw	the deceased
alive on June 30, 1957, and that death occurred at	10 P. m., from the causes and on the date state	d above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Lefford F. Hudson	M.D.Jork, Ma.	7/1/57
ROMOVAL (Specify) Will 3, 1951 Repured	ERY OR CREMATORY LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGIT SI an Aldrich	John William Sous Jour	on Mis.
1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05745

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
K7a/(/more MARYLAND	STATE Mary and county timore
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN - YEE A YI A MOS!	TOWN Free and
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Deniamin Harrison	Norris - DEATH Offine 25. 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) Jrried	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 brs. Aug. 3, 1888, 62, yrs. Months Days Hours Min.
done during most of working life, even if retired) Most of Business of Action Most of Business of	11 MRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAMED
John / homas /vorris.	Wodnna Omith.
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. 40. or unknown) (If yes, give war or dates of L. 1/1/2004)	Mr. INFORMANT AND ADDRESS To A Freeland.
(Yes, Ao, or unknown) (If yes, give war or later of 166-12-4438)	The state of the s
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a)	nue ensone
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	an pener
atating the underlying cause last	las a la l
II. OTHER SIGNIFICANT CONDITIONS	aris generala
Conditions contributing to the death but not related to the disease or condition causing death.	Bronchile
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, atreet, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from	that I last saw the deceased
alive on	ADDRESS DATE SIGNED
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
Bremoval (Specify) June 28, 1951 Stewarte	1
DATE REC'D BY LOCAL REGISTIONES SIGNATURE	34. FUNERAL PIRECTOR ADDRESS
Jan 28 1757 Okcaster & Freetone	to socol Harlenslein. Hew Freed on
()	(Garas Porme

Laffelli-Reisterstouri-

VS ALE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05746

CERTIFICATE OF DEATH

I. PLACE OF DEAT	н.		2. USUAL RESIDENCE (H		
COUNTY Baltimo	re	MARYLAND	STATE Maryland	COUN	TY
CITY (If outside c OR give pearest TOWN C2 TO	orporate limits, write RUR		OR CITY (Il outside corpora	te limits, write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	2	mths., 15 day state Hospital	STREET	(If rural, give location) idghill Avenue	V
3. NAME OF DECEASED (Type or Print)	(First) SYLVESTER	(Middle) BERNARD	(Last) PARRISH	4. DATE (Month) OF DEATH June	(Day) (Year) 1, 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	March 2, 1885	9. AGE last hirthday If und Mentl	er 1 year II under 24 hrs. Hours Min.
done during most of w	ATION (Give kind of work rorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	0. 0.
Edward :	Parrish		Virginia By	ers	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES (If year, give war or dates of service)		17. INFORMANT AND Hospital Record	ADDRESS	29 243
				0,000,000	E. O. S. CALL
I. DISEASES OR CO	ONDITIONS DIRECTLY	18. MEDICAL CE LEADING, TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Immediate	e cause (a)	Acute myocardial	failure		
				7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	* ** ** ** ** ** ** ** ** ** ** ** ** *
4,20. / Anteceder	it cause(s)	Coronary insuffi	oi anor		
QUA, giving rise to	conditions, if any, (b) the above cause anderlying cause last	Obesity	CLURCY		**************************************
Conditions contribu	CANT CONDITIONS sting to the death but not se or condition causing deat	***************************************			
		INDINGS OF OPERATION			1 20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office hldg., etc.)	(CITY OR T	OWN) (COUNT	
TIME (Month)		INJURY OCCURRED While at Not While	HOW DID INJURY OCC	UR?	
INJURY	m.	Work At work			
22. I hereby certi	ify that I attended the	deceased from July 14	, 1950, to June 1	, 19.51, that I last	saw the deceased
alive on Ju	ne 1 1951 and	d that death occurred at 1	:40 D. m. from the	causes and on the date	stated above
SIGNATURE	000.	(Degree or title)	Grove State Hosp	ital	DATE SIGNED
	Il Tusto		ille 28, Marylan		5-1-51
23. BURIAL, CREME	ATION DATE /4/		RY OR CREMATORY LO	CATION (City, town, on cou	enty) (State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	FUNERAL DIRECTOR	1217 St. Pa	ADDRESS
111		VDn		VVVIII	

2411 Held Def Charles - Leftsi The correct age

05747

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED.	Baltimore
MARYLAND	, , , , , , , , , , , , ,	
OR give nearest town) OR (in this place) TOWN LENGTH OF STAY (in this place)	CITY (II outside corporate limits, write RURAL and give OR TOWN Phoen 1X	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mount Avenue	STREET ADDRESS Mount VC	
3. NAME OF (First) (Middle)	_ (Last) 14. DATE (Month)	(Dest) (Y)
(Type or Print) William Henty	Philpot DEATH June	(Day) (Year) 6 195/
6. SEX Male 6. COLOR OR RACE Widowed, Divorced, (Specify) Mattle	S DATE OF BIRTH 9. AGE last birthday If under I Wonths 72 yrs.	year If under 24 hrs. Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY	11. BIRTHPLACE (State or foreign country), 12. Balt imore, Md.	CITIZEN OF WHAT
13. FATHER'S NAME Ground Philpot	Sadie E. Cattub	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of 218-05-5152	Wite - same	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	, , , , , , ,	UNBET AND DEATH
33/ Immediate cause (a) Cerebral V	ascular Accident	3 w & 5
Antecedent cause(s) Diseases or conditions, if any, (b). Ar texio scle	An 516	Unlamy
Diseases or conditions, if any, (b)	70077	
(a)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
SUICIDE OF office hldg., etc.) HOMICIDE INJURY		(011112)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work	HOW DID INJURY OCCUR?	The same
22. I hereby certify that I attended the deceased from Jan	., 1951, to June, 1951, that I last sa	w the deceased
alive on 6 June 1951, and that death occurred at	8:50 Am., from the causes and on the date sta	tod above
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Walter T. Kees M.D. Cockeysville, Md. 6 Jame 1951		
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE / 24. FUNERAL DIRECTOR ADDRESS		
REG. June 6/51 Word. Se Schicost Sandon m. Bevolo Sparly med		
	ne ne	-1





2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH-COUNTY 2. USUAL RESIDENCE (HOME) OF DECEASED-STATE COUNTY Balto. MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town Catonsville (in this place) TOWN Catonsville HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS 105 Beaumont Ave., 105 Beaumont Ave. 3. NAME OF (First) (Middie) (Last) 4. DATE (Month) (Day) (Year) DECEASED IDA LOUISE POWERS June 24, (Type or Print) DEATH 1951 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)W1dOWed 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE iast birthday | If under 1 year | If under 24 hrs. 5. SEX Months | Days | Hours | Min. white female Dec. 25, 1882 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? home Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leifert Unknown 17. INFORMANT AND ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. Catonsville. Md. (Yes, no, or unknown) | (If yes, give war or dates of service) Mr. Roger C. Powers. 5 Melvin Ave. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19b. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERATION 20. AUTOPSY? Yes 🖂 No E PLACE (Home, farm, factory, street, OF/ office bldg., etc.)
INJURY 21. ACCIDENT (CITY OR TOWN) (Specify) (COUNTY) (STATE) SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work 22. I hereby certify that I attended the deceased from ... ! O 195, to 6/24, 195, that I last saw the deceased alive on..... and that death occurred at..... SIGNATURE (Degree or title) DATE SIGNED 23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) Loudon Park Com. Balto. /27/57 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS REG.

WRITE

PLEASE

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

0	105. 2150 1.0	
1. PLACE OF DEATH. Hyde Park hul,	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY MARYLAND	STATE COUNTY /2000	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)	
OR give nearest town) (in this place)	TOWN ESTEX	
HOSPITAL OR	ADDRESS (If notal, give location)	
INSTITUTION OR STREET ADDRESS	ADDIVISION /5 / 18 / 13 / 13 / 13 / 13 / 13 / 13 / 13	
3. NAME OF (First) (Middle)	(Last) (Last) 4. DATE (Month) (Day) (Year)	
DECEASED (Type or Print) Marie ANNA	DEATH JULE 9 19)	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birtbday If under 1 year If under 24 brs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give Aind of work 10b. Kind of Business on	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY	
done during most of weeking life even lifretired) INDUSTRY	1/1/4×9/444 1, -4)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Harrisou / Dosswick	1 Louise Westland	
15. WAS DEGRASHO EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
(Service)	Husbana -	
18. MEDICAL CE	ERTIFICATION INTERVAL BETWEEN	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH	
Me Kastatio	- Ca c 9 will 3 9 3	
Immediate cause (a)		
12/Y Antecedent cause(s)	~ Muany site (mos	
Diseases or conditions, if any, (b)		
stating the underlying cause last		
(c) youract		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
6-20-471 Maley warry	Yes No A	
21. ACCIDENT (Specify) SUICIDE HOMICIDE OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR!	
OF INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	1951, to	
alive on	// O m., from the causes and on the date stated above.	
signature. Signature. Obegree or title) ADDRESS DATE SIGNED		
JE Williams MD 8	15 Easter and Essex 4 6-851	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)		
Bural (Specify) June 13 1957 Mount Carnel Beltime mg		
DATE REC'D BY LOCAL / KEGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS		
REG. (4/5) aw pulled	I rully & herly dre. 1901 Easternan	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

VS. A15

Ar geo Kieffan MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	neg. Dist. 110	Pa
1. PLACE OF DEATH- COUNTY Balto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Bulta
CITY (If outside corporate limits, write RURAL and UENGTH OF STAY OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR 173 Oakler Village	STREET ADDRESS 173 Oakley Vila	lage
3. NAME OF DECEASED (First) (Middle) Protection (Type or Print) (E 0.29 E	(Last) 4. DATE (Month) OF OF JULY 2.	(Day) (Year)
Mula 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, ASSOCIATED.	S. DATE OF BIRTH 9. AGE last birthday If under Months yre.	year If under 24 hrs. Day Hours Min.
10a. USUAL OCCUPATION (Give kind of work dive during most of which life, syn-if retired)	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
13. FATHOR'S NAME T. Pragen	14. MOTHER'S MAIDEN NAME UN KAOUS	77()
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, nd, of unknown) (If yes, give war or dates of 19-03-6482 A	17. INFORMANT, AND ADDRESS USES 173 Oaks	Car Village
18. MEDICAL CEI	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
es .	h + +	C Land
Immediate cause (a) Lenual	Metasteser	
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause	ma of Prostate	Hmrs
stating the underlying cause last		
(c)		1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not Wbile INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby cortify that I attended the deceased from McL.	1, 19 17, to Much 74,19 57, that I last se	aw the deceased
alive on	ADDRESS from the causes and on the date sta	ated above.
Der mkiester Ard. 20	o bash She	Jue 25 5
	Balto. Me	d.
DATE AEC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR VIEW COOK Suc. 1217 St. Pare	ADDRESS 17.
	7	10 Day

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05751

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED. 1. PLACE OF DEATH-STATE COUNTY COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and OR give the near town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR (in this place) TOWN TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) STREET ADDRESS 4. DATE (Month) 3. NAME OF (Middle) (Last) (Day) (Year) (First) DECEASED 135 DEATH (Type or Print) 9. AGE last hirtkday | If under I year 5. SEX 6. COLOR OR RACE III under 24 hrs. WIDOWED DIVORCED, (Specify) Months | Days | Hours | Min. 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR I2. CITIZEN OF WHAT INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOPHER'S 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH acchenta Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY! No [21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg et Roser (COUNTY) (CITY-OR TOWN) (STATE) INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) While at Not while modelle Am. work at work 22. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [] thereon and from the evidence LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) Lecrusia crea 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

MARGIN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

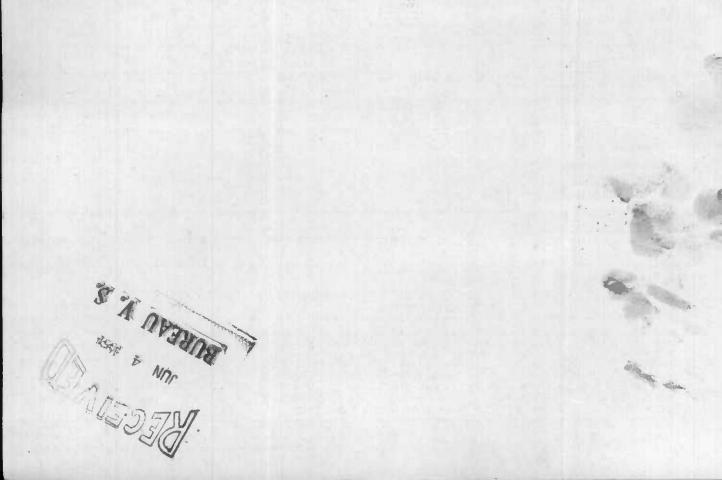
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05752

100/05

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Baltimore MARYLAND	Maryland COUNTYBaltimore	
CITY (If outside corporate limits, write RUPAL and I I FNCTH OF CTA	Y CITY (If outside corporate limits, write RURAL and give nearest town)	
OR give nearest town (in this place)	Town Woodlawn	
HOSPITAL OR	STREET (If rural, give location)	
STREET ADDRESS 6500 Dogwood Road	ADDRESS 6500 Dogwood Road	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)	
(Type or Print) George Wesley	Quail. Sr. DEATH June 1 1951	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.	
Male 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) Married	April 25, 1876 75 yrs yrs. Months Days Hours Min.	
done during most of working life even it retired) I have been of Business of	R 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	
Retired Jam day Farmer	Pennsylvania	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John H. Quail	Anna Klinard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of NO NO NO	17. INFORMANT 6500 Dogwood Road	
No service) NO NO	Mrs. Katherine May Quail, Baltimore-7, Md.	
18. MEDICAL	CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a)		
4201 Antecedent cause(s)	111	
Diseases or conditions, if any, (b)	any heart disease	
giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
	Yes No P	
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, stre	et, (CITY OR TOWN) (COUNTY) (STATE)	
PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while INJURY m. work at work	and the second s	
22. I certify that I took charge of the remains described above, held an obtained by early Autores Inspection or Inquiry find that arid d	Autopsy , Inspection , Inquiry thereon and from the evidence	
from: natural causes . accident ., suicide ., homicide	seeased died on the day stated above, and death in my opinion resulted	
SIGNATURE (Degreeyor sirts)	ADDRESS DATE SIGNED	
b mil ill mi welling		
	1010 Leeds Ave., Arbutus	
23. BURIAL. CREMATION BAYE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or county) BURIAL (Specify) Loudon Park Competery Baltimore, Md.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNDRAL DIRECTOR ADDRESS		
REG Jung 51 Laskington With a autoreau 4510 Liberty		
	The fully race 4510 Liberty	



age

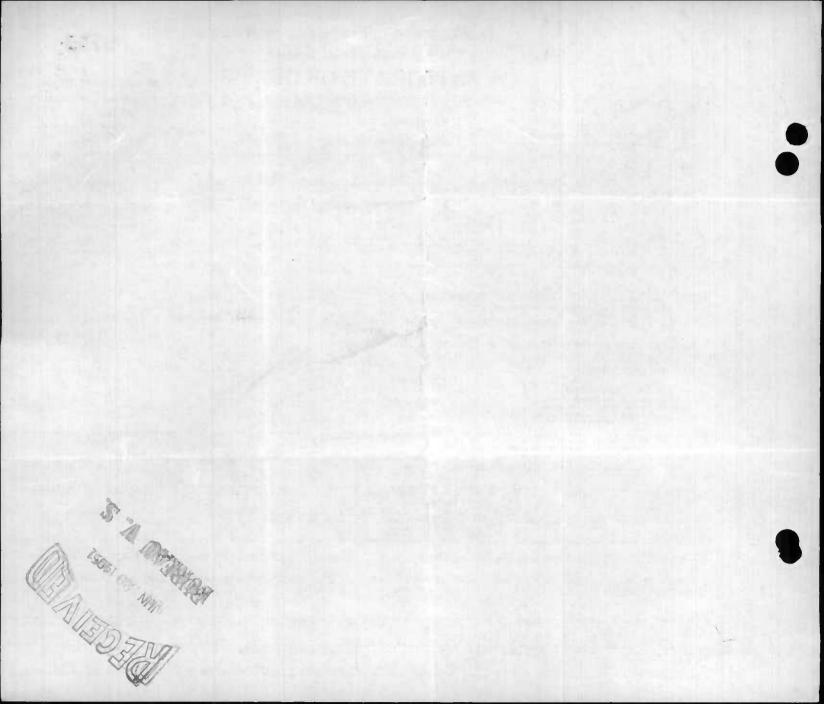
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05753

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	1 2. USUAL RESIDENCE (HOME) OF DECEASED-	
COUNTY	STATE	BITA
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	negrest town)
OR givo nearest town) (in this place) TOWN	OR	nonium wowny
	TOWN	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS 2209, Joppa. Pd.	2209. Jappa Kd.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED	Raab DEATH JUNE	20 195/
(Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGHE, MARRIED,	S. DATE OF BIRTH 9. AGE last birthday If under 1	
5. SEX 6. COLOR OR RACE 7. SINGHE, MARRIED, WIDOWED, DIVORCED,	T Months	Days Hours Min.
M (Specify) Married	1/2021 49 yrs. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
Auto, Machanic ONN. Business	1 Baltoco	4 SA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
L. L., A Rock	Alberta Harple	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of	Mrs. Way J. Ragb. 2209. Jappa	01
(12, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10		-17.4.
18. MEDICAL CE	RIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	P	ONSET AND DEATH
	The san brown	7 Glans
Immediate cause (a)	/	2 / ways
U10.		
Antecedent cause(s)		
Diseases or conditions, if any, (b)	**************************************	
940 stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
IVA. DATE OF OTENANTACION		V. C N. D
I DI ACD (II - for foton about	(CITY OR TOWN) (COUNTY)	(STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITT OR TOWN) (COUNTY)	(SIAIL)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
	7 - 0	
22. I hereby certify that I attended the deceased from hugh	/, 19.1., to 19.1., that I last sa	aw the deceased
	1 00 A	
alive on	ADDRESS	DATE SIGNED
SIGNATURE (Degree or title)		DATE SIGNED
(Salesau M.D.	6217 Harford Pel Bults	6/20/51
THE THE THE TAX TO THE TAX TO THE TENTE OF T	ERY OR CREMATORY LOCATION (City, town, or count	y) (State)
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	INCATION (City, town, or count	y) (Suite)
1947ia 16/23/31 21/47/(VID		nd.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. [] 2/4/ Mommy	Idassalus Funeal Home V DI Bela	in Rd.
977/1/		1-1-11
		50016



MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05754

CERTIFICATE OF DEATH

Reg. Dist. No. 10-Ballo. Co.

			4 A HOUSE DECEMBRICH	HOME OF DECK	AGED.		
1. PLACE OF DEATH			2. USUAL RESIDENCE (STATE Mary)	de d	COUNTY	BaHI	in ore
CUTY (Vi avveida a	fimore Count	MARYLAND L and LENGTH OF STAY	CITY (If outside corner	rate limits, write RI	JRAL and give	nearest town	
OR givo nearest	town) Rural	(in this place)	OR TOWN Rural STREET	Tackson	sille r	12	
HOSPITAL OR	ackson ville	30yrs.	STREET	(If rural, give	re location)		
INSTITUTION OF	R · SS		ADDRESS				
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE OF	(Month)		(Year)
(Type or Print)	hena		Rehberger	1 2 200	June	17	1957
Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORÇED, (Specify) Married	Sept. 10, 1891	5-9 y	rs. Months	Days Hours	Min.
done during most of v	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Riga,	New York	12.	CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAM		tin	14. MOTHER'S MAIDEN	NAME OCTS			
15. WAS DECRASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of lacroice)	1 16. SOCIAL SECURITY No.	John H. Rehl	ADDRESS berger, M.D.	- Phoen	ix, Md	1.
		18. MEDICAL C	ERTIFICATION			INTERVAL B	Mercey Liver by
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND	
		Terminal 1	0			3 da	
Immedia	te cause (a)	1 erminai	neumenia	Q.1./ 2.44			<u> </u>
Diseases or	nt cause(s) conditions, if any, (b)	Intestinal	O bstruction	ny e ny makampaka 6,000 6.000 0.000	gg == g emphyl 6 44 4 9 Whib HO O Whit O a	1m	onth
48 stating the	underlying cause last (c)	Carcinamia - 4	iterine, E ex	tension		1 400	ar
Conditions contrib	ICANT CONDITIONS uting to the death but not						
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION				20. AUTOF	PSY?
June 10, 1		arcinoma- Fundus	of uterus & Me.	tastases		Yes 🗆	No E
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street office bldg., etc.)		TOWN)	(COUNTY)	(STAT	E)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?			
22. I hereby cer		e deceased from June	, 1950, to June	17., 19.47, t	hat I last sa	w the dec	eased
	ne 17 , 1951, an	d that death occurred at.	6:38 a. m., from th	e causes and on	the date sta	ted above.	CNED
SIGNATURE	John M. Rehter	(Degree or title)	Photosit	Md.	Sun	e 17 1	
23. BURIAL, CREM REMOYAL (Spe	MATION DATE THERE	OF NAME OF CEMET	TERY OR CREMATORY Catholic Cometer	LOCATION (City,	town, or count	y) and (S	itate)
DATE REC'D BY	(Julie 20)		24. FUNERAL DIRECT	OR _	11011	ADDRESS	S
REG.	9 2	I /de srew	John Burns' So	ons, Towson	n, Maryl	and	
		16/					

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05755

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
MARYLAND	Med Balto	
CITY (If outside corporate limits, write RURAL and CR give nearest town) (in, this place)	CITY (If outside corporate limits, write RURAL and give nearest OR	town)
HOSPITAL OR Baito. Co. Life	TOWN BAITO. CO.	
INSTITUTION OR	STREET (If ru'al give lo'ation)	
STREET ADDRESS Red. Ling. Rd.	Mad. Lion. Rd.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) George W	eichert DEATH June	195
6. COLOR OF RACE 7. SINGLE, MARRIED WIDOWED DIVERCED, (Specify)	9. AGE last birthday If under I year II Months Daya F	under 24 hrs. lours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	J. BIRTHILACE (State or foreign country) 12. CITIZEN	OF, WHAT
	Baits. City Country	S.A.
13. FATHER'S NAME	MOTHER'S MAIDEN NAME	
John MicherT	1 Ruby	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT Fuller	TON
Iservice)	Mr. John. M. Kuicherl. Ked. Lian. Rd.	nd
18. MEDICAL CE		L BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	() () () () () () () () () ()	AND DEATH
Immediate cause (a) Asplythalim	morto caudit in seaspen acce dout Sudi	en 6/11/5
05/1	Strangelation	MB (Billion consults a straffed to
736. Vantecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause	**************************************	10 a a deverabaras era est + 6rd 6
195 stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AU	TOPSY?
	Yes T	No X
21. EXTERNAL CAUSE WAS PRIMARY On CONTRIBUTING Of office bldg., etc.) CAUSE OF DEATH.		TATE)
TIME (Month) (Day) (Year) (Hour) INJUST OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while INJURY m. work at work		
	utopsy , Inspection , Inquiry thereon and from the	evidence
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	utopsy , Inspection , Inquiry thereon and from the ased died on the day stated above, and death in my opinion undetermined .	evidence resulted
	undetermined [].	evidence resulted
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decentary natural causes , occident S. suicide , homicide .	undetermined [
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said december in the said causes of the said decembers of the said and said decembers. SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE.	undetermined [
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decensions in natural causes , occident suicide , homicide , homicide , homicide , (Degree or title) 23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETE. REMOYAL (Specify) 6/3 5 5 5 6 6 6 6 6 6 6	nndelermined D. ADDRESS DATE DATE LOCATION (City, town, or county) LS, Lutb. Cen. Balto	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said december of the remains described above, held an A specific or Inquiry, find that said december of the specific or inquiry, find that said december of the specific or inquiry, find that said december of the specific or inquiry, find that said december of the specific or inquiry, find that said december of the specific or inquiry, find that said december of the specific or inquiry, find that said december of the specific or inquiry, find that said december of the specific or inquiry, find that said december of the specific or inquiry, find that said december of the specific or inquiry, find that said december of the specific or inquiry, find that said december of the specific or inquiry, find that said december of the specific or inquiry, find that said december of the specific or inquiry, find that said december of the specific or inquiry, find that said december of the specific or inquiry, find that said december of the specific or inquiry, find that said december of the specific or inquiry or inquir	ADDRESS DATE DATE DATE OF CREMATORY LOCATION (City, town, or county)	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decendance in the said causes of the said decendance in the said de	nndelermined D. ADDRESS DATE DATE LOCATION (City, town, or county) LS, Lutb. Cen. Balto	SIGNED (State) (State)

BUREAU V. S.

1.

2411 N. Charles Street, Baltimore

(1)	5	17	E	6
U	U	-	U	0

My sall Consuler Rome	TE OF DEATH Reg. Dist. I	io. 45
1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	ry
CITY (If outside corporate limits, write RURAL and OR give neares town) TOWN CITY (If outside corporate limits, write RURAL and In this place)	CITY (If outside corperate limits, write RURAL and g	rive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS by July 19 Harrison as	STREET (If fural, give loogtion) ADDRESS	/
3. NAME OF DECEASED (Type or Print) Annu M. Reit	(Last) 4. DATE (Month) OF DEATH JUNE	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	1(7Ch. 14 - 10 / 1) yrs.	B Days Hours Min
done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME	Man L 14. MOTHER'S MAIDEN NAME	COUNTRY?
16. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of service) 18. MEDICAL CE		1 o Donnel
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) crebtal	Lyonbosia	INTERVAL BETWEEN ONSET AND DEATH
332 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	Ocleto sis	12 MOS
186 a stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hactured, fe	mur, Orlatesal	A SV 6th A ST
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	CONTRACTOR OF THE CONTRACTOR O	20. AUTOPSY? Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg, etc.) HOMICIDE INJURY DAUGHTE HOME TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUNTY ? ! HOW DID INJURY OCCUR?	Y) (STATE)
OF INJURY Aug. 1950 m. While at Not While INJURY At work	Fall result of cerebro-vascula	ar accident.
22. I hereby certify that I attended the deceased from	11: 45PM to 6/27, 193/, that I last	
SIGNATURE J. Soy Plate, (Degree or title) 4	Appress and on the date s	DATE SIGNED
REMOVAL (Specify) 6/28/57 MX Car	RY OR CREMATORY LOCATION City, town, or cou	mal
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 6/26/57 A WHENCE	Survey to Sman 16:391	ADDRESS

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

05757

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1. PLACE OF DEATH	H. ltimore	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DECEASE	ED. BEQUITION	
CITY (If outside c OR give nearest TOWN	orporate limits, write RUF town) Dundalk		CITY (If outside corpor OR TOWN Dundalk	ate limits, write RURA		
HOSPITAL OR INSTITUTION OF STREET ADDRE			STREET ADDRESS 6726 Fi	(If rural, give lofth Avenue	ocation)	
3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) PATRICK	(Last) ROGAN	OF	onth) (Da	
6. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 11/30/1903	9. AGE last hirthday 47 yrs.		If under 24 hrs.
	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR	(S. MAYO, IR	or foreign country)	Coun	TIZEN OF WHAT
13. FATHER'S NAM	ECK		ELLEN C	NAME D'BRIEN		
		87 16. SOCIAL SECURITY No. of 2/7-0/-9994	MRS. AGNES K		-6726	FIFTH, AU.
		18. MEDICAL CE	RTIFICATION		1	
1. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH				ERVAL BETWEEN SET AND DEATH
Immediat	e cause (a)	Coronary artery s	clerosis			a 1884 a la lagragi d d i channey departura man a a mini mini di la la
Diseases nr giving rise to stating the u	the above cause and nderlying cause last (c) CANT CONDITIONS Iting to the death but not	h Diabetes melli	tus		216	
	se or condition causing dea RATION 19b. MAJOR	FINDINGS OF OPERATION	, out		20.	AUTOPSY?
					Y	es 🔀 No 🗆
21. EXTERNAL CAPRIMARY OR COCAUSE OF DEATH	NTRIBUTING OF	ACE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR	rown) ((COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not while work	HOW DID INJURY OC	CUR?		
abtained by sai	d Autapsy, Inspection of causes , accident ATION DATE THERE 6/14/5/	NAME OF CEMETE	ased died on the dry state undetermined ADDRESS Fleet St., Bal RY OR CREMATORY 1	timore 2, Md COCATION (City, town BALTO, Md	June	the evidence ion resulted ATE SIGNED 11, 1951 (State)
Jane 1 J	131 Wille	min Hely fr.	Velle Drughe 18	rodey !	Juniage,	2/140.
1/					1600	- 1 -

BUREAU V. S.
JUN 15 1951

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05758

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY BALTO, MARYLA	IND STATE Md. COUNTY B	ALTO,
CITY (If outside corporate limits, write RURAL and LENGTH		t town)
OR give nearest town) DUMDALK. (22) (in this	TOWN DUNDALK (22)	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS 1909 JEFFERSON Rd.	1909 JEFFERSON KJ.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
DECEASED (Type or Print) GUY ABRAN	N KOOK DEATH JUNE 5	19 3
6. COLOR OR RACE 7. SINGLE, MARR WIDOWED, DIVO	IED, 8. DATE OF BIRTH 9. AGE last birthday If under 1 year	If under 24 hrs. Hours Min.
M. W. (Specify) MAR	RIED SEPT. 28, 1900 50 ym. Months Days	Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS		OF WHAT
done during most of working life, even if retired) INDUSTRY MACHINIST CONTAINE	R MECA. PENNA. COUNTR	· A ·
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
SAMUEL ROOK	MARY SHORT	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURI	TY No. 17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of		Pd.
	EDICAL CERTIFICATION	
I, DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA'	INTER	VAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	ORGAN	AND DEATE
Immediate cause (a)	Thory how boes :	3 less
A Implication Course	- 1/1 / /	, _
541.0 Antecedent cause(s)	cen total try or discore 4	caro
Diseases or conditions, if any, (b), giving rise to the above cause		.0
1176 stating the underlying cause fast	oderal when x	yn
II. OTHER SIGNIFICANT CONDITIONS		-
Conditions contributing to the death hut not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	RATION 120, A	UTOPSY?
	Yes	П № П
21. ACCIDENT (Specify) PLACE (Home, farm, factor		STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		,
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRI		
OF While at Not W Work At w	nile rork []	
	1)-1 117 0000 51	
22. I hereby certify that I attended the deceased from	OC 19 19 1, to June 1, 19 1, that I last saw the	deceased
	and at 100 A from the source and on the date stated of	h aa
alive on	(rred atAm., from the causes and on the date stated at title)	E SIGNED
SIGNATOR (1) A 1 2/1/ the la A has	1//-
e MADOL. Walkerin	y mill. 6/14 Novorsa and 1	0/6/51
	CEMETERY OR CREMATORY LOCATION (City, town, or county)	(State)
REMOVAL (Specify) 6/8/1951 0A1	K hAWN BALTO. CO.,	nd.
DATE REC'D BY LOCAL RIGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADI	RESS
June 6-1951 William M.K	elly Walter Droba Beacher - Bundaly (o	14 md.
	(i).	7141

BUREAU V. S.

VS. A15

826

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

		· · · · · · · · · · · · · · · · · · ·		
1. PLACE OF DEAT COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Y
OR givo neares	corporate limits, write RUR town Fort Howard		CITY (If outside corporate limits, write RURAL and gi OR Baltimore	ve nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R Waterson Ad-	inistration Hosp.	STREET (If rural, give location)	/
3. NAME OF	(First)	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	FRANK	(NMI)		23 1951
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) Single	TO-L-OY OT ALE	Days Hours Min.
done during most of Laborer	ATION (Give kind of work working life even if setired)	10b. KIND OF BUSINESS OR INDUSTRY WILSON LINE INC	Baltimore, Maryland	COUNTRY? USA
13. FATHER'S NAM			14. MOTHER'S MAIDEN NAME	
Michael				OUPA)
(Yes, no, or unknown)	EVER IN U.S. ARMED FORCES (If yes, give war or dates service)	16. Social Security No. 213-10-9177	17. INFORMANT AND ADDRESS Clin.Rec., Vet.Adm. Hosp., Ft. He	oward, Md.
		18. MEDICAL CE	RTIFICATION	
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immedia	te cause (a)	QUAMOUS CELL CARC	INOMA OF TONGUE WITH METASTASES	9 months
Diseases or giving rise	ont cause(s) conditions, if any, to the above cause underlying cause last (c)	O LYMPH NODES		
Conditions contrib	ICANT CONDITIONS outling to the death but not use or condition causing deat	TUBERCULOSIS, PU	LMONARY, RIGHT UPPER LOBE, CHRON	IC Unknown
19a. DATE OF OPE	ERATION 19b. MAJOR	FINDINGS OF OPERATION		20. AUTOPSY?
				Yes No 🕮
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR TOWN) (COUNTY	
TIME (Month) OF . INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby cer	tify that VA attended th	e deceased from June 2	2., 19.51, to June 23., 19.51, x 19.51	
SIGNATURE	20000000000000000000000000000000000000	nd that death occurred at. 1.	0:05 A. m., from the causes and on the date st	ated above. DATE SIGNED
	ling		FORT HOWARD, MARYLAND	
23. BURIAL, CREM REMOVAL (Spe	(ATION DATE THERE		RY OR CREMATORY LOCATION (City, town, or coun	
Ruria	19	I D A S D A STITTED TOTAL	is Cemetery 1300 Dundalk Ave.	Balto, Md.
DATE REC'D BY REG. 6/2	S 5 REGISTRAR'S	Hedrick	George A. Weber 705 S.Ann St.	ADDRESS Balto., Md.

2411 N. Charles Street, Baltimore

05760

CERTIFICATE OF DEATH

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN MARYLAND LENGTH OF STAY (in this place)	CITY (If outside comprate limits, write RURAL and give nearest town)
TOWN SHAW 3 you.	TOWN Jeyon (If rural, give location)
INSTITUTION OR STREET ADDRESS Battimal County Home	ADDRESS
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) (mas)	Pyan OF DEATH June 11 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCED, (Specify) Widowed	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even II retired) INDUSTRY	Sparks maryland COUNTRY? 4.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAM
unkupun	Unknown
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS
no service) no -	Welter Peyane. 115 M. Duen St. Beets me
18. MEDICAL CER	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between Onset and Deate
Corporer to land	sine few min.
Immediate cause (a)Conacty acceler	cardionascular disease years.
Antecedent cause(s)	
Diseases or conditions, if any, (b) Www. giving rise to the above cause	Carolinascula disease years.
atating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?
^	
22. I hereby certify that I attended the deceased from.	, 195,, to 195, that I last saw the deceased
alive on June 9, 19.5/, and that death occurred at	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Eliabeth B. Shevill m. S.	Cacheyoville, Md. 6/11/5-1
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 6/12/5/ 2/2005	Med x close Dal to County) Med (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURY	21 EVALERAL DIRECTORY ADDRESS O.
REG. 6/11/51 Way. Chilcoal	Frances 9 Hemsley 5784 Beddle St

BUREAU V. S.

1961 SI NOT

BECEINED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05761

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY	PALTO.	MARYLAND	2. USUAL RESIDENCE STATE MD.	(HOME) OF DECEASED. COUN'	BALTO.
CITY (If autride of	proporate limits, write RUR. town) CATONS VIO	AL and I LENGTH OF STAY	OR OR	orate limits, write RURAL and s	give nearest town)
	CHTONSVIC		TOWN CAT	(If rural, give location)	
HOSPITAL OR INSTITUTION OF STREET ADDRES	SEPARADISE !	NURSING HOME	II ADDDEGG	N. PROSPECT	AVE.
3. NAME OF DECEASED (Type or Priot)	(First) ELEANO	(Middle)	(Lest) AUNDERS	4. DATE (Mooth) OF DEATH	(Day) (Year) - 02 / 195 / 1
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH OCT. V3, 1891	yrs.	er 1 year II uoder 24 hrn. s. Days Hours Mio.
done during most of v	ATION (Give kind of work orking life, even if retired)		11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	E		14. MOTHER'S MAIDE		
	EAH KORN		CHRIST		
15. Was Duckased Ev (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If year, give war or dates a service)	of 16. SOCIAL SECURITY No.	17. INFORMANT AND Charles H.	ADDRESS	expectave.
		18, MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH		*	ONSET AND DEATH
Immediate	e cause (a)	gliona	Up VIsa	M	Eglar
			0		0
193X Anteceder					
CI/ giving rise to	conditions, if any, (b) the above cause nderlying cause last	*	\$00 dda \$ 0 0 0 0 dd 0 0 0 0 0 0 0 0 0 0 0 0 0	**************************************	
Conditions cootribu	CANT CONDITIONS ting to the death but not se or condition causing deat	th.			PARTIE TO THE CONTRACTOR OF THE PARTIES OF THE PART
19a. DATE OF OPE		FINDINGS OF OPERATION	2		20. AUTOPSY?
Jan 20,1	951 90	women of 12	nam		Yes No b
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ		(CITY OR		Y) (STATE)
	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
		0/5/	111 /1/5	1 17	
22. I hereby certi	ify that I attended th	e deceased from	19.86, to 7	, 1997, that I last	saw the deceased
alive on SIGNATURE	19 , 195/, ar	nd that death occurred ate	ADDRESS from the	ne causes and on the date	stated above. DATE SIGNED
Eliot U	2 Julium	MA 3432	Ineleich		95751
23. BURIAL, CREM REMODAL (Spre	ATION DATE		RY OR CREMATORY PARK	DALTO.	(State)
DATE REC'D BY	LOCAL REGISTRAR'S		24. FUNERAL DIRECT	_	ADDRESS
REG. 6-25-	51 08.	Harry	Bearge A Ja	eley Catoner	all med
			0		

BUREAU V. S.

1961: LZ NOT

BECENED

2411 N. Charles Street, Baltimore

05762

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY COUNT	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Bally
CITY (If outside corporate limits, write RURAL and OR givo nearest town) OR givo nearest town TOWN MARYLAND LENGTH OF STAY (in this place)	CITY (if outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR	STREET ADDRESS (60/ Dentraume	anz -
3. NAME OF (First) (Middle)	(Month) 4. DATE (Month)	(Day) (Year)
(Type or Print) 6. COLOB OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTII 9. AGE iast by hday If under Months	year If under 24 hrs. Day Hours Min.
10a. USUAL/OCCINATION (Give kind of work done drain, most of working life eyen if retired) (Specify) (Specif	16	CITIZEN OF WHAT
13. FATHERY NAME	14. MOTHER'S MAIDEN NAME	1
16. Was Diceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no. of miknown) (II yes, give war or dates of	IN INFORMANT AND ADDRESS	1/11
18. MEDICAL CE	ERTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Coronary reclusion	ONERT AND DEATH
Antecedent cause (a)	Muren diti	Da 1948
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	<u> </u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
DIACRAM CONTRACTOR (Name to be	(CITY OR TOWN) (COUNTY)	Yes No No (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	49
22. I hereby cartify that I attended the deceased from.	1948, to 227,1957, that I last s	aw the deceased
alive on 22, 1951, and that death occurred at SIGNATURE: (Degree or title)	ADDRESS ADDRESS	ated above. DATE SIGNED
Milad Marion M. D.	FDV OF CREMATORY LOCATION COM. 21.	924/57
Sure as June 25 1951 Meadow		vard Co.
DATE REC'D BY LOCAL VREGISTRAR'S SIGNATURE REG. 25 57 A W CLEROCK	Tred . Cold 19/3/1	ADDRESS Outto

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

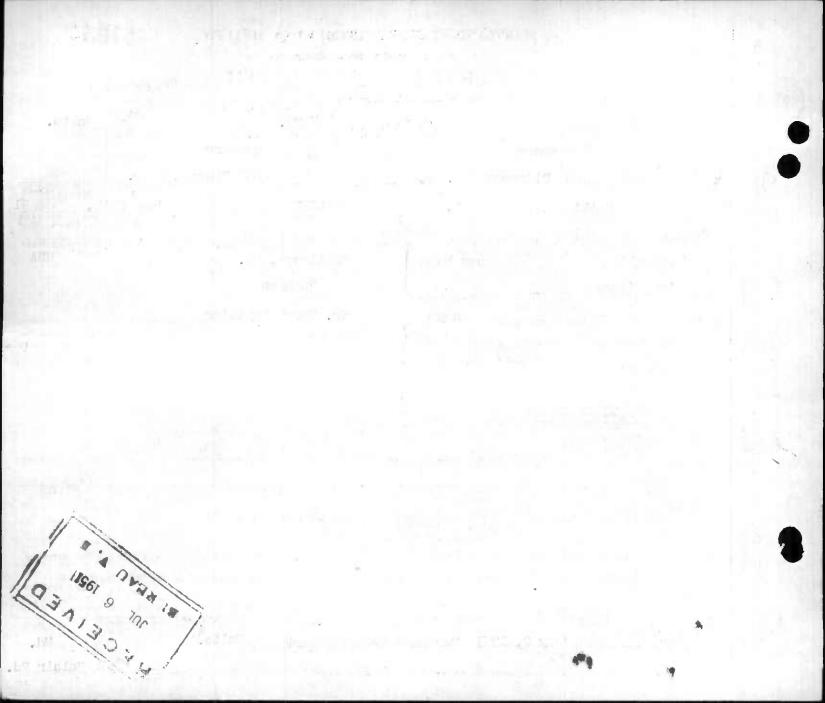
2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

05763

Reg. Dist. No..../..

COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS NAME OF CITY (If outside corporate limits, write RURAL and give nearest town) DECEASED (Middle) (Middle) COUNTY Md. CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Raspeburg STREET (If rural give location) 4608 Ridgeway Ave. 3. NAME OF (First) DECEASED (Type or Print) CLARA E. SCHILLER DEATH June 29t	Balto.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Raspeburg HOSPITAL OR INSTITUTION OR STREET ADDRESS L608 Ridgeway Ave. LENGTH OF STAY (in this place) CITY (If outside corporate limits, write RURAL and give OR TOWN Raspeburg STREET ADDRESS L608 Ridgeway Ave. CITY (If outside corporate limits, write RURAL and give OR TOWN Raspeburg STREET ADDRESS L608 Ridgeway Ave. 3. NAME OF DECEASED	
TOWN Raspeburg 1 HOSPITAL OR INSTITUTION OR STREET ADDRESS 1,608 Ridgeway Ave. TOWN Raspeburg (If rural give location) 4,608 Ridgeway Ave. TOWN Raspeburg (If rural give location) 4,608 Ridgeway Ave.	
INSTITUTION OR STREET ADDRESS 1608 Ridgeway Ave. 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) OF	
STREET ADDRESS 4608 Ridgeway Ave. 4608 Ridgeway Ave. 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) OF	
DECEASED	
(Type or Print) CLARA E. SCHILLER DEATH June 29t	(Day) (Year)
Contract Court Cou	th. 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday If under 1	1 year (If under 24 brs.
female white (Specify) widowed May 18-18901 6/ yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY NOUSEWIFE OWN home Baltimore, Md.	COUNTRY? USA
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
John Myers Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT	
(Yes, no, or unknown) (If year, give war or dates of none Mr. Harry Schiller	
no related me. Harry Schiller	
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Cheenvile Heart June	104.
Immediate cause (a)	A
Antecedent cause(s)	
/0/	
Diseases or conditions, if any, (b) giving rise to the above cause	PP PP 00 00 00 00 00 00 00 00 00 00 00 0
(5) stating the underlying cause last	
11. OTHER SIGNIFICANT CONDITIONS	48 98 98 70 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office hldg., etc.)	(5-111-)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?	
OF While at Not While _	
OF While at Not While INJURY m. Work At work	
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from 19 47, to 19 19 19 19 that I last sa	w the deceased
22. I hereby certify that I attended the deceased from 19. 47, to 22. 1 hereby certify that I attended the deceased from 19. 47, to 22. 1 hereby certify that I attended the deceased from 19. 47, to 22. 1 hereby certify that I attended the deceased from 19. 47, to 22. 1 hereby certify that I attended the deceased from 19. 47, to 22. 1 hereby certify that I attended the deceased from 19. 47, to 22. 1 hereby certify that I attended the deceased from 19. 47, to 22. 1 hereby certify that I attended the deceased from 19. 47, to 22. 1 hereby certify that I attended the deceased from 19. 47, to 22. 1 hereby certify that I attended the deceased from 19. 47, to 22. 1 hereby certify that I attended the deceased from 19. 47, to 22. 1 hereby certify that I attended the deceased from 19. 47, to 22. 1 hereby certify that I attended the deceased from 19. 47, to 22. 1 hereby certify that I attended the deceased from 19. 47, to 22. 1 hereby certify that I attended the deceased from 19. 47, to 22. 1 hereby certify that I attended the deceased from 19. 47, to 22. 1 hereby certify that I attended the deceased from 19. 47, to 22. 1 hereby certify that I attended the deceased from 19. 47, to 22. 1 hereby certify that I attended the deceased from 19. 47, to 22. 1 hereby certification 19. 47, to 22. 1 hereby certification 19. 48, to 22. 1 hereby certification 19. 4	
22. I hereby certify that I attended the deceased from 19, 19 47, to 19, 1951, that I last sa alive on 19, 19, and that death occurred at 9, 19, from the causes and on the date states.	
22. I hereby certify that I attended the deceased from 19 19 17, to 222 19 19 1, that I last sa alive on 29, 19 1, and that death occurred at 9 1, from the causes and on the date star SIGNATURE (Degree or title) ADDRESS	ted above.
22. I hereby certify that I attended the deceased from why 19 47, to cause 29, 1951, that I last sa alive on which is alive on the causes and on the date star SIGNATURE (Degree or title) ADDRESS ADDRESS Below (1)	ted above.
22. I hereby certify that I attended the deceased from why 19 47, to cause 29, 1951, that I last sa alive on which is alive on the causes and on the date star SIGNATURE (Degree or title) ADDRESS ADDRESS Below (1)	ted above. DATE SIGNED CLUZO, 15J
22. I hereby certify that I attended the deceased from	ted above. DATE SIGNED CLUZO, 15J
22. I hereby certify that I attended the deceased from Manager 19 19 19 19 19 19 19 19 19 19 19 19 19	ted above. DATE SIGNED CLUZO, 15J
22. I hereby certify that I attended the deceased from Many 19 47, to June 29, 19 5, that I last sa alive on war 29, 19 5, and that death occurred at 9 mm, from the causes and on the date star SIGNATURE (Degree or title) ADDRESS ADDRESS ADDRESS ADDRESS Below 1. 19 5 many from the causes and on the date star and the causes are caused and the causes and on the date star and the causes are caused and the caused and the causes are caused and the caused a	ted above. DATE SIGNED (State) ADDRESS





76

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05764

1. PLACE OF DEAT COUNTY	Bal timore	MARYLAND	2. USUAL RESIDENCE (F	COT	UNTYA. A. do.
CITY (If outside OR give neares TOWN	corporate limits, write RUR town) Catonsvi			tan Beach	nd give nearest town)
HOSPITAL OR INSTITUTION (STREET ADDR)	R 16 Fusti	ng Ave.	STREET ADDRESS	(If rural, give location	on)
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Peter	Schlesinger		DEATH June	
Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, WIYORCED, (Specify) VIOWER	Nov. 2,1860	yra.	nder I year nths Days Hours Min.
Retirednos Be	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Md.	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
Anton Sc	hlesinger		Katherine Sc	hlesinger	
15. WAS DECRASED I	EVER IN U.S. ARMED FORCES) (If yes, give war or dates service)	7 I6. SOCIAL SECURITY No.	Mrs. Freda To		attan Beach
		18. MEDICAL CE	ERTIFICATION A.A.	Co. Md.	
I. DISEASES OR C	CONDITIONS DIRECTLY	LEADING TO DEATH	20 M		INTERVAL BETWEEN ONSET AND DEATE
Immedia	(0)	Myocardia	I Duruffick	ienci	2200
11201	. 4.			7	>
	ent cause(s)	Teneralized o	erleveseler	rais	16 77.
/ giving rise	to the above cause underlying cause last				
7500 meaning the	(c)				
Conditions contril	FICANT CONDITIONS buting to the death but not ease or condition causing deat	ih.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes I No A
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR T	OWN) (COU	NTY) (STATE)
TIME (Month) OF INJURY) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
	tify that I attended th	e deceased from	1946 to Jus	11, 1957, that I la	ast saw the deceased
alive on SIGNATURE	, 1907, ar	d that death occurred at.	ADDRESS	causes and on the dat	DATE SIGNED
Milans	1. Malla		alossoille.	28, Jul.	6-13-51
23. BURIAL, CRES	MATION DATE THERE	4/51 Loudon Pl	A CONTRACT OF THE PARTY OF THE	Baltimore.	county) (State)
DATE REC'D BY			24. FUNERAL DIRECTO	R _f	ADDRESS
REG. 6/14	157 aw	geduch 3	Harry H. Wich	7/44101 Edmo	ndson Ave.
		V51	0	91	10545

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	STATE COUNTY Balto
CITY (If outside corporate limits, write RURAL and 1 LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) (in this place)	OR C
TOWN Catousville 18 mo	STREET (If rural, give locatioo)
HOSPITAL OR INSTITUTION OR 317 MG. + 1100 P.	ADDRESS 2 . 2 2 4 2
STREET ADDRESS II Westshire I val	3 Westshire I vaa
3. NAME OF (First) (Middle)	(Last) 4. DATE (Mooth) (Day) (Year)
(Type or Print) ANTHONY-AUGUSTUS - SCH.	VEIDER DEATH June 3 1951
55SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
WIDOWED, DIVORCED,	Months, Days Hours Mio.
(Specify) Married	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
office manager	Carroll Co. Ma
13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME
trauk, Schneider	Unknown
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17, INFORMANT AND ADDRESS
(Yes, no, or unknown) (If year, give war or dates of 220-05-5880	Julia M. Schneider - 317 Westshire Rd
THE TRUE TO SO	The second of the second of
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
C / 1 2/2	500 6
Immediate cause (a) Cerebral Hes	124.
111/2 V	
77 Antecedent cause(s)	P / N P DA.
Diseases or conditions, if any, (b) by Hyperleuren	Cardio Varentey Read Vises 475.
/ 5/ 2 · - 11 · - 1 · -	
300 giving rise to the above cause	The same of the sa
stating the underlying cause last	
stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but oot	
stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	20. AUTOPSY?
II. OTHER SIGNIFICANT CONDITIONS Conditions cootributing to the death but oot related to the disease or condition causing death.	,
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but oot related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes 🗆 No 🗳
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut out related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)	,
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but oot related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
II. OTHER SIGNIFICANT CONDITIONS Conditions cootributing to the death but oot related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED	Yes 🗆 No 🗳
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but oot related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but out related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY INJURY INJURY INJURY OCCURRED OF office bidg., etc.) OF office bidg., etc.) INJURY INJURY OCCURRED OF office bidg., etc.) OF office bidg., etc.) INJURY OCCURRED OF office bidg., etc.) OF office bidg., etc.) INJURY OCCURRED OF office bidg., etc.) INJURY OCCURRED OF office bidg., etc.) OF office bidg., etc.) INJURY OCCURRED OF office bidg., etc.) OF office bid	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but out related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY INJURY INJURY INJURY OCCURRED OF office bidg., etc.) OF office bidg., etc.) INJURY INJURY OCCURRED OF office bidg., etc.) OF office bidg., etc.) INJURY OCCURRED OF office bidg., etc.) OF office bidg., etc.) INJURY OCCURRED OF office bidg., etc.) INJURY OCCURRED OF office bidg., etc.) OF office bidg., etc.) INJURY OCCURRED OF office bidg., etc.) OF office bid	(CITY OR TOWN) (COUNTY) (STATE)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but oot related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF office bidg., etc.) FLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY INJURY INJURY OCCURRED OF OFFINITY OCCURRED OCCURRED	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? R, 19.50, to 6 - 3, 19.51, that I last saw the deceased
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but oot related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY INJURY INJURY OCCURRED OF OFF INJURY OCCURRED While at Not While INJURY Not While Work At work	(CITY OR TOWN) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? R, 1950, to 6-3-, 1951, that I last saw the deceased 450, m., from the causes and on the date stated above.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but oot related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF office bidg., etc.) FLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY INJURY INJURY OCCURRED OF OFFINITY OCCURRED OCCURRED	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? R, 19.50, to 6 - 3, 19.51, that I last saw the deceased
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but oot related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY INJURY INJURY OCCURRED OF OFF INJURY OCCURRED While at Not While INJURY Not While Work At work	(CITY OR TOWN) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? R, 1950, to 6-3-, 1951, that I last saw the deceased 450, m., from the causes and on the date stated above.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut oot related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on Attended the deceased from Operation (Degree or title)	(CITY OR TOWN) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? R, 1950, to 6-3-, 1951, that I last saw the deceased 450 mm., from the causes and on the date stated above. ADDRESS DATE SIGNED Torrespille 28, 1841, 6-4-51
II. OTHER SIGNIFICANT CONDITIONS Conditions cootributing to the death but oot related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Not While at Not While At work At work 1 At work 2 At work 1 At work 2 At work 1 At work 1 At work 2 At work 1 At work 1 At work 1 At work 2 At work 1 At work 1 At work 1 At work 2 At work 2 At work 2 At work 2 At work 3 At work 2 At work 3 At work 2 At work 3 At work 3 At work 4 At work 2 At work 3 At work 4 At work 4 At work 5 At work 6 At work 7 At work	(CITY OR TOWN) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? R, 1950, to 6-3-, 1951, that I last saw the deceased 450, m., from the causes and on the date stated above.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but oot related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on At work SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE (Degree or title) 24. AME OF CEMETE (DEGREE) NAME OF CEMETE (DEGREE) ATMED (DEGREE) 25. BURIAL (Specify) ATMED (DATE (DEGREE) ATMED (DEGREE) AT	(CITY OR TOWN) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? R, 19.50, to 6 3 19.51, that I last saw the deceased 450 m., from the causes and on the date stated above. ADDRESS DATE SIGNED ADDRESS ADD
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut oot related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Not While at Not While At work At work At work 22. I hereby certify that I attended the deceased from At work SIGNATURE (Degree or title) 23. BURIAL CREMATION DATE (Degree or title) PATE RECORD REMOVAL (Specify) ATTENDED ATTENDE	(CITY OR TOWN) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? R, 1950, to 6-3-, 1951, that I last saw the deceased 450 mm., from the causes and on the date stated above. ADDRESS DATE SIGNED Torrespille 28, 1841, 6-4-51
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but oot related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on At work SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE (Degree or title) 24. AME OF CEMETE (DEGREE) NAME OF CEMETE (DEGREE) ATMED (DEGREE) 25. BURIAL (Specify) ATMED (DATE (DEGREE) ATMED (DEGREE) AT	(CITY OR TOWN) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? R, 19.50, to 6 3 19.51, that I last saw the deceased 450 m., from the causes and on the date stated above. ADDRESS DATE SIGNED ADDRESS ADD
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut oot related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Not While at Not While At work At work At work 22. I hereby certify that I attended the deceased from At work SIGNATURE (Degree or title) 23. BURIAL CREMATION DATE (Degree or title) PATE RECORD REMOVAL (Specify) ATTENDED ATTENDE	HOW DID INJURY OCCUR?

Ave., Baltimore, Maryland

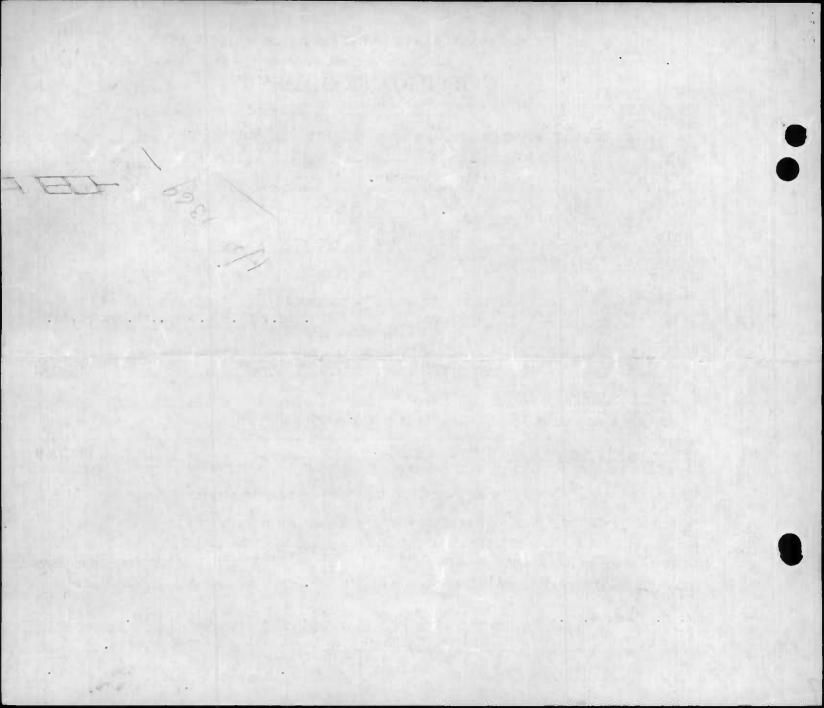
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

	5a	CERTIFICAT	E OF DEAT	TH Reg. 1	Dist. No.
1. PLACE OF DEAT COUNTY	H. Baltimore	MARYLAND	2. USUAL RESIDENCE STATE Maryla		COUNTY
CITY (If outside c OR givo nearest TOWN	corporate limits, write RURA town) Fort Howard		OR TOWN Baltin	more 30	L and give nearest town)
HOSPITAL OR		nistration Hosp.	STREET ADDRESS 2340	(It rural, give lo Annapolis Roa	/
3. NAME OF DECEASED (Type or Print)	(First) GEORGE	(Middle) D•	(Last) SCHNURR	OF DEATH J	onth) (Day) (Year) une 19 1951
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	s. Date of Birth 10–10–68	82 yrs.	If under 1 year Months Days Hours Min.
done during most of v Carpenter	ATION (Give kind of work working life, even if retired) (UNEMPLOYED)	10b. KIND OF BUSINESS OR INDUSTRY	Fort Wayne,	Ind.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAM			14. MOTHER'S MAIDE		
Philip Sc	VER IN U.S. ARMED FORCES?	1 16. SOCIAL SECURITY NO.	Sarah Reynold	ADDUESS	
(Yes, no, or unknown)	(If yes, give war or dates of service)	Unknown		t.Adm.Hosp.,F	t.Howard.Md.
		18. MEDICAL CE			
I. DISEASES OR CO	ONDITIONS DIRECTLY I	EADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
Immediat	e cause (a)(CARCINOMA OF PROS	TATE WITH METAS	TASIS	UNKNOWN
Diseases or giving rise to	nt cause(s) conditions, if any, o the above cause underlying cause last (c)				
Conditions contribu	ICANT CONDITIONS uting to the death but not use or condition causing death	GENERALIZED AR	TERIOSCIEROSIS		UNKNOWN
19a. DATE OF OPE		INDINGS OF OPERATION			Yes \ No
21. ACCIDENT SUICIDE HOMICIDE	OF INJUI		(CITY OR		OUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not Whilo Work At work	HOW DID INJURY OF	CCUR?	
		deceased from June 1. that death occurred at			
N. E. PULL	D. ACTINO	CHIEF, MEDICAL	SERVICE, VAH. F	ORT HOWARD. M	D. 6-19-51
BURIAL, CREM	AWON DATE THEREO	NAME OF CEMETE The Catholic	RY OR CREMATORY	Fort Wayne,	, or county) (State)
DATE REC'D BY	LOCAL REGISTRAD'S	IGNATURE CILL	James L. McC	or ully Funeral	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE Boltomore MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town (in this place) Catonsville atonsville TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) Beadise Mursing JREGEBICE GVE STREET ADDRESS 3. NAME OF (Middle) (Last) 4. DATE (Month) (Year) DECEASED Jean 19 (Type or Print) DEATH 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 9. AGE last birthday l If under i year |If under 24 hrs. Months | Days Hours | Min. Jemala (Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? FOUSEWIFE 13. FATHER'S NAME BREEZE 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND (Yes, no, or unknown) | (If yes, give war or dates of service) INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b). giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT Yes 🗍 No 🗆 PLACE (Home, farm, factory, street, OF office bldg., etc.) 21. ACCIDENT (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? Whlle at Not While INJURY At work 22. I hereby certify that I attended the deceased from their 195 ... to Juni 3, 19 51, that I last saw the deceased and that death occurred at alive on. SIGNATUR (Degree or title) DATE SIGNED 23. BURIAL, CREMATION REMOVAL (Specify) LOCATION (City, town, or county) NAME OF CEMET 6/5/51 REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL MODRESS

of information carefully death clearly and legibly. every item Supply ev MARGIN RESERVED INK. , WITH UNFADING important. Physicians: PLAINLY, is especially i

age

correct

WRITE PLEASE



2411 N. Charles Street, Baltimore

05767

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH- COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (STATE Florida	HOME) OF DECEASED.	Y
CITY (If outside corporate limits, write RUR OR give nearest town) TOWN Catonsville	LENGTH OF STAY (in this place) 4 Vears		rate limits, write RURAL and giversburg	76 Rearest town)
HOSPITAL OR 16 Fus INSTITUTION OR STREET ADDRESS House in	ting Avenue	STREET ADDRESS	(If rural give location)	V
3. NAME OF (First) DECEASED (Type or Print) Laura T. Ar	(Middle) aderson Seaman	(Last)	4. DATE (Month) OF DEATH June 15.	(Day) (Year) 1951 19
female 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WI dowed	8. DATE OF BIRTH	9. AGE last birthday If under	I year If under 24 hrs. Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		11. BIRTHPLACE (State N. J.	or foreign country) 12	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Charles P. Anderson		Sarah Fox		
15. WAS DECEASED EVER IN U.S. ARMED FORCES	17 16. SOCIAL SECURITY NO.	17. INFORMANT		Baltimore, Md.
(Yes, no, or unknown) (If yes, give war or dates service)	01	Rev. Warren Sea	aman - 2026 Brookf	
	18. MEDICAL CE			
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		400	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)(en The There	reforms	00 00 00 00 00 00 00 00 00 00 00 00 00	160a
902.0 Antecedent cause(s) Diseases or conditions, if any, (b) 17.	nocture left	8 fraus		18 da.
186a giving rise to the above cause stating the underlying cause last (c)	Aggartensine Can	dis-Vaccula	Dineare	531
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dear	th.			
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
				Yes No Z
21. ACCIDENT (Specify) SUICIDE HOMICIDE ACC.	CE (Home, farm, factory, street, office bldg., etc.) House in	CITY OR Pines - Catons	TOWN) (COUNTY) ville, Md.	
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OF	CCUR?	
OF INJURY 5-28-51 7 am.	While at Not While Work At work	Fell off	bed to floor.	
22. I hereby certify that I attended th			7-2	aw the deceased
alive on 6 - 14 , 1951, an SIGNATURE				
Milwer K. Follogs	7	Frederick Ave.	6	-15-51
23. BURIAL CREMATION DATE THERE REMOVAL (Specify) burial 6 - 16 -	51 Riverside		COCATION (City, town, or count	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S REG.		1 24. FUNERAL DIRECTO		ADDRESS Eutaw Place
		1111311100	till	

WRITE PLAINLY, WITH ONFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

VS. A15

1. PLACE OF DEATH-

HOSPITAL OR

INSTITUTION OR STREET ADDRESS

OR give nearest town)

CITY (If outside corporate limits, write RURAL and

10a. USUAL OCCUPATION (Give kind of work

done during most of working life, even if retired)

15. WAS DECRASED EVER IN U.S. ARMED FORCES! |

pervice)

(Specify)

(Yes, no, or unknown) (If year, give war or dates of

Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not

TIME (Month) (Day) (Year)

(First)

6. COLOR OR RACE

COUNTY

3. NAME OF

5, SEX

DECEASED

(Type or Print)

13. FATHER'S NAME

21. ACCIDENT

SUICIDE

INJURY

HOMICIDE

PLAINLY, is especially

回

WRIT

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

MARYLAND LENGTH OF STAY

(Middle

INDUSTRY

(in this place)

STATE

TOWN STREET Be 05768

Reg. Dist. No..... 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) (If rural, give location)

INTERVAL BETWEEN

ONSET AND DEATH

(STATE)

ADDRESS 4. DATE (Month) (Last) (Day) (Year) OF DEATH 5 195 9. AGE last birthday | If under 1 year | If under 24 hrs. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH Months. | Days | Hours | Min. (Specify) Midnute 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) COUNTRY?

14. MOTHER'S MAIDEN NAME K. Churun 16. SOCIAL SECURITY NO. 17. INFORMANT, AND ADDRESS

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [No [

> (CITY OR TOWN) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY INJURY OCCURRED HOW DID INJURY OCCUR? (Hour) While at Not While

June 15 19.51, that I last saw the deceased 19.5.1., to. 22. I hereby certify that I attended the deceased from..... .. and that death occurred at ... I.O. OOM.m., from the causes and on the date stated above. alive on... ADDRESS (Degree or title) DATE SIGNED

At work

18. MEDICAL CERTIFICATION

SIGNATURE NAME OF CEMETERY OR LOCATION (City, town, or county) DATE (State)

23. BURIAL, CREMATION REMOVAL (Specify) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL

Work

ADDRESS

(COUNTY)

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No...

				iteg.	Dist. 140
1. PLACE OF DEAT COUNTY	BALTIMORE	MARYLAND	2. USUAL RESIDENCE (**STATE MARYLAN	ND .	COUNTY BALTIMORE
OR give neares	corporate limits, write RURA t town) LARCHMONT	Land LENGTH OF STAY (in this place)	TOWN LARCHMO	ONT	L and give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	es 2508 Popl	ar Rd.	STREET ADDRESS 2508	(If rural, give lo POPLAR ROAD.	cation)
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Mo	onth) (Day) (Year)
(Type or Print)	HENRY	CLAY	SEEGER	I DEATH JU	
MALE MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	SEPT. 21,1866	84 утв.	If under 1 year If under 24 hrs Months Days Hours Min.
done during most of	PATION (Give kind of work working life, even if retired) RETIRED	10b. Kind of Business or Industry	PHILADELPHI	IA, PA.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	
	UNKNOW		UNKNOWN		
(Yes, no, or unknown)	Ever In U.S. Armed Forces' (If yes, give war or dates of service)	7 16. SOCIAL SECURITY NO.	MRS .O.K.BOYD,		RD. LARCHMONT.
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH	_ ^ 1		ONSET AND DEATE
W	(1)	Murradial	and and		15 no.
Immedia	te cause			98 F F 49 F 447 F F F 47 P4 20 F 0 FF 0 FF 0 FF 0 F 0 O 0 0 0 0 0 0 0	
	ent cause(s) conditions, if any, (b)	Coranar a	ten Occle	and à	20 min
giving rise	to the above cause				
150 stating the	underlying cause last (c)	Ontonsel	tic (lali	Van O. We	simil 20 comp
Conditions contrib	TCANT CONDITIONS nutling to the death but not ase or condition causing deat	a Chrisic or	rostaltes int	the to	TON 10 4/20
		INDINGS OF OPERATION		The state of the s	20. AUTOPSY?
					Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU		(CITY OR	TOWN) (C	OUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCUR1	
22. I hereby cer	tify that I attended the				I last saw the deceased
alive on SIGNATURE	19, 1951, an	d that death occurred at	ADDRESS from the	causes and on the	date stated above. PATE SIGNED
100	Ja X	- Vo M.D.	3403 farrisa	Islal But	to 15 Jun 19,195
23. BERRY TRHN REMOVAL (Spe	AMON DATE THERE	F NAME OF CEMETE	RY OR CHEMATORY	LOCATION (City, town	
REMOVAL (Spe	JUNE 26,	1951 HILLSIDE		ROSLYN	11
DATE RECID BY			24. FUNERAL DIRECTO		ADDRESS
101		wm.	ky QV.B.	BALTIMO	RE, 17, MD.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05770

CERTIFICATE OF DEATH

Reg. Dist. No. ... 3.3

1. PLACE OF DEATH COUNTY Baltimore	I.	2440444	2. USUAL RESIDENCE (_	COUNTY Baltimore
CITY (If outside or	orporate limits, write RURA	MARYLAND AL and I LENGTH OF STAY	Marylan	ICI	AL and give nearest town)
OR give nearest	s Mills, Maryla	and (in this place)	II OR	Mills. Mary	
HOSPITAL OR					raining School
INSTITUTION OF STREET ADDRESS	ss Rosewood Sta	te Training School	ADDRESS Rosey	100d State 11	raining School
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (M	(onth) (Day) (Year)
(Type or Print)	Charles	Allen	Seiss	OF DEATH	6 4 19 5]
6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH		If under 1 year If under 24 hrs.
Male	White	WIDOWED, DIVORCED, (Specify) Single	5/23/06	45 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION OF WALES AT ROS	ATION (Give kind of work orking life, even if retired)	10b. Kind of Business or Industry School not	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN		
Samuel S	eiss		Fannie	M. Walter	
15. WAS DECRASED EV	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dates of laters of	none	Record of Inst		
AAN		18. MEDICAL CE			
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
Immediate	e cause (a)	Epileptic.	Convulsion		Immediate
	nt cause(s)	Spectic On	adriplegic Idio	+	Congenital
Diseases or o	conditions, if any, (b)	Boas old &d	ad Throgre 1010	· · · · · · · · · · · · · · · · · · ·	- Conferment var
stating the u	nderlying cause last				
/	(c)				
Conditions contribu	CANT CONDITIONS sting to the death but not se or condition causing death	h. See	aAbove		
		INDINGS OF OPERATION			20. AUTOPSY?
none		none			Yes 🗆 No 🌊
21. ACCIDENT		CE (Home, farm, factory, street,	(CITY OR	TOWN) ((COUNTY) (STATE)
SUICIDE HOMICIDE	no OF INJU	office bidg., etc.) IRY no	Owings Mills	Baltimore	Co. Maryland
	(Day) (Year) (Hour)	INJURY OCCURRED	Owings Mills	CUR?	
OF INJURY N	one m.	While at Not While Work At work	none	The state of the s	
22. I hereby certi	fy that I attended the	deceased from 3/17	, 19.18, to 6/4/	, 19.51., that	I last saw the deceased
		d that death occurred at 1			
SIGNATURE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Degree or title)	ADDRESS		DATE SIGNED
Gense C.	medany hi		Rosewood Sta	ate Training	School
	Medairy, M.D.,	Clinical Director			6/4/51
23. BURIAL, CREM.	TION DATE THEREO	OF NAME OF CEMETE		LOCATION (City, tow	n or county) (State)
				juta	myo me
DATE REC'D BY	01 6	11 (1	24 FUNERAL DIRECTO) R	ADDRESS
6-7.	91 61000	1 D. Stine.	1/1/10/10	reager	16700
			4	Luciano	at mal. VIVIV
			V		

PECEIVED V. S.

2411 N. Charles Street, Baltimore

Pac 05771

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE
CITY (If outside corporate limits, write RURAL and LENGTH OF S'OR give learest town) (in this flac	TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1509 Wilson ff. 44	2 STREET (If rural, give location) ADDRESS ashlank and
3. NAME OF DECEASED THOMAS MICHAEL ((Semple 12) 4. DATE (Month) (Day) (Year) OF DEATH June 9 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCH (Specify)	s. DATE OF BIRTH 9. AGE last birthday If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Industry Skrabek Tailor	ing & Zechos & Vakia 12. Citizen of Weat Country
Sona Slechta	14. MOTHER'S MAIDEN NAME AUM Ranka
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY N (Yes, no, or applicable) (Il yes, give war or dates of 213-09-5583 A	o. 17. INFORMANT AND ADDRESS 1710 N. Linwood Ave
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	L CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
20 Antecedent cause(s) Pulausual	ry Edema agute the.
Diseases or conditions, if any, (b). giving rise to the above cause stating the underlying cause last (c) Arterio So	derosis Gen. Cardio Vascular Disease royu
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	el l
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	ON 20. AUTOPSY? Yes No Z
21. ACCIDENT (Specify) PLACE (Home, farm, factory, at SUICIDE OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3	me., 1951, to 4 June, 1957, that I last saw the deceased
alive on 450000, 1950, and that death occurred SIGNATURE (Degree or title)	at 9. m., from the causes and on the date stated above. ADDRESS DATE SIGNED
Iseph d'automo M.	D. 710 and syland are 4 Jul 51
REMOVAL (Specify) June 8, 1951 Holy Rede	eemer Cem. 4430 Belair Rd. Balto.Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.
7 m	1/1// (-5/4

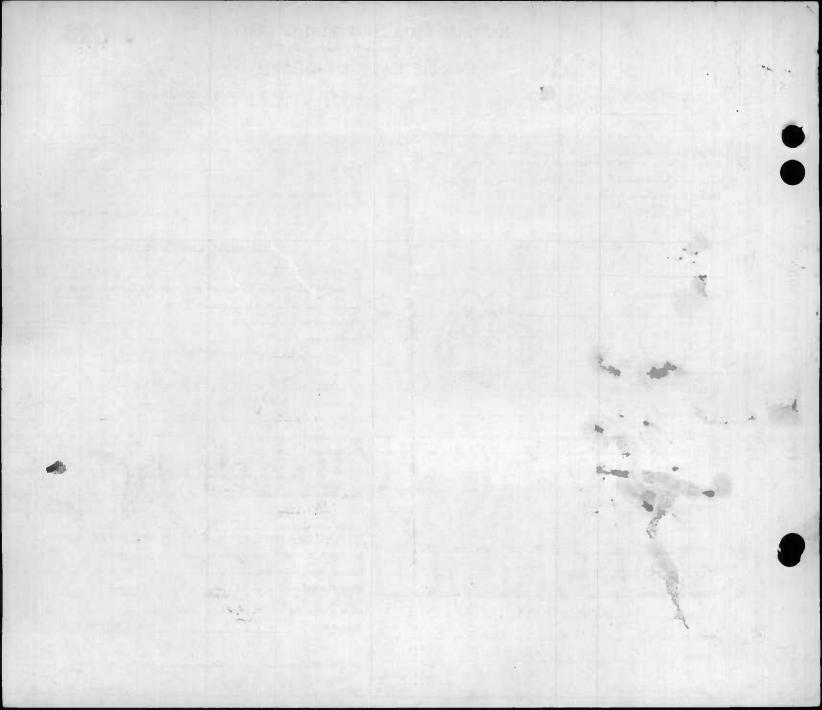
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Elizabeth Ranson James	Spence
4. Sex 5. Color or race (3) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
F W Widowed	20, DATE OF DEATH JUNE 30 1951 at Hi 40p M
8.(6) Hame of husband or wife Charles R. Spence	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Dedd	Jan 27 1944 10 July 30 1951
7. Birth date of deceased (mo., day, yr.) November 2, 1876	and that I last saw h. 2. S. alive on June 30 1951
8. AGE: Years Months Days If less than one day	Immediate cause of death
7574 7 28nrsmin.	Cerebral Hemorrhage 13 hours
9. Birthplace Cotonsville Battimore, N.d. (Town, county, and state)	Due to Hypertensive Cardio Vascular
(Town, county, and state)	DISEOSE MONY YEARS
	Due to
11. industry or business 12. Name Kathanish Willis James	
E 12. Name Methaniel Willis James 13. Birthplace Baltimore, Md.	Other conditions & Right Femore & weeks
	(Include pregnancy within 8 mouths of death)
	Major fieldings of operations Freethere of Cysty
15. Birthplace Vivginia	Famur Date of op 515151
18. Informant Charles & Spence &.	Autopsy results
Address 6420 Reisterstown Rd	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burisl, eremation, or removal, Which?) Date thereof (Month) (day) (fear)	Accident, suicide, or homicide
(Burial eremation, or removal. Which?) (month) (day) (fear)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Loudon Park Dello Ma	Injured at home, farm, Industry, public place (where?)
18. Funeral director M. Jenkins Bros y Sono Co	Means of tinjury Injured at work?
Addrese 4905 York Rd Balto 12ma	Si P years
22- (6) awfelish	23. SIGNATURE M. D. C. Marier
(Date rec'd by registrar) Registrar	Address Relay Md. Date signed 6/30/51



VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05773

1. PLACE OF DEATH- COUNTY Baltimore	244020	2. USUAL RESIDENCE (H		ED. COUNTY	
CITY (If outside corporate limits, write RUR. OR give nearest town)	MARYLAND AL and LENGTH OF STAY 5 (22 this place)	CITY (If outside corpora	te limits, write RUR	AL and give	nearest town)
HOSPITAL OR		STREET	(If rural, give l		
STREET ADDRESS Veterans Adm	inistration Hosp.	ADDRESS 943 N.	Chapel Str	eet	
3. NAME OF (First) DECEASED (Type of Print) WILLIAM	(Middle)	(Last)	OF	(onth)	(Day) (Year)
(Type or Print) WILLIAM 5. SEX 6. COLOR OR RACE	17. SINGLE, MARRIED	STARKS 1 8. DATE OF BIRTH	9. AGE last birthday	June 2	100 -
Male Colored	WIDOWED, DIVORCED, (Specify) Married	8-4-92	58 yrs.	Montha	Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY DER YARD	Hanover Co.,	Virginia		CITIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
Charlie Starks 15. Was Decrased Ever In U.S. Armed Forces	? 16. SOCIAL SECURITY No.	Tempie Hende			
(Yes, no, or unknown) (If yes, give war or dates of Yes, no, or unknown) (If yes, give war or dates of Yes, no, or unknown)	217-07-4299	Clin.Rec., Ve		Ft-Ho	ward.Md.
	18. MEDICAL CE			32	
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)	CACHEXIA				4 months
Immediate cause					
	TOTAL GASTRECTOMY	FOR CARCINOMA O	F STOMACH	***************************************	2-9 2-9 2-9 10 - 1/2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-
46 stating the underlying cause last (c)	(Performed at VA)	H, Fort Howard,	Md 2-14-	51)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	ih.				
19a. DATE OF OPERATION 19b. MAJOR 1	FINDINGS OF OPERATION				20. AUTOPSY?
					Yes No [
SUICIDE OF INJU		(CITY OR T		COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?		
22. I hereby certify that WAattended the	deceased from June 1	8 19 57 to June	23 19 57 metros	vitrianevan	newsparation and a second
SIGNATURE google M. mile	d that death occurred at.L. (Degree or title)	ADDRESS from the	causes and on the	e date sta	ted above. DATE SIGNED
JOSEPH M. MILLER, M. D.	. CHIEF. SURGICAL	SERVICE, VAH, F	ORT HOWARD.	MD.	6-25-51
23. BURIAL, CREMATION DATE THERE (Specify)	5 NAME OF CEMETE	RY OR CREMATORY L	Baltimore,	n, or county	
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE /	24. FUNERAL DIRECTOR Charles R. Law	R		ADDRESS
6/20/5/1 0		Otter Tes IV. TWM			
	·VIT		Baltimore	Le Ma	TATELLE

VS. A15

826

ARYLAND	STATE	DEPARTMENT	OF	HEALTH
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M

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05774

Reg. Dist. No.....

1. PLACE OF DEATH. COUNTY Balto.	MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECEASI	ED. COUNTY
CITY (If outside corporate limits, write RURA OR give nearest town) TOWN RULF 2	2 (in this thank)		te limite, write RURA	AL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 622 Regis	ter Ave.Stonle	STREET ghaddress 622 Re	(If rural, give to egister Av	
3. NAME OF (First) DECEASED (Type or Print) Marie Eleanor	(Middle) Suchting	(Last)		onth) (Day) (Year) 12 17, 1951 19
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	July 12,1870	80 yrs.	If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. Kind of Business or Industry	Germany		12. CITIZEN OF WHAT COUNTRY?
Dietrich Kru	mdiek	14. MOTHER'S MAIDEN Eleanor	Bushardt	
15. Was Decrased Ever In U.S. Armed Forces (Yes, no, or unknown) (If yes, give war or dates of service)	None	Manie D. Sta	ADDRESS rlings,622	Register Ave.
	18. MEDICAL CE			
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	clitic artis	Klanto	INTERVAL BETWEEN ONEET AND DEATH
Immediate cause	0 / -	Cliti: ~ arkin	0	770
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Distage C	fenerallyte	Masauc	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	h.			
19a. DATE OF OPERATION 19b. MAJOR F				20. AUTOPSY?
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJU		(CITY OR T	OWN) (C	COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?	
22. I hereby coffify that I attended the alive on 19, an SIGNATURE.	d that death occurred at/	ADDRESS from the	causes and on the	I last saw the deceased date stated above. DATE SIGNED
Br. Harry ashurn	1 ma	1921 White	the state of the s	6/19/51
23. BURIAL, CREMATION DATE THERECORES OF THE THE THERECORES OF THE THERECORES	0,195 At bauls	RY OR CREMATORY L	OCATION (City, tow	ADDRESS
DATE RIG'D BY LOCAL REGISTRATES	Ferrel	Tred &	Jole, 1913	W. Balliston S
/		1		

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05775

CERTIFICATE OF DEATH

1. PLACE OF DEAT COUNTY Balti	H.		2. USUAL RESIDENCE (I		COUNT		
Baiti	corporate limits, write RUR.	MARYLAND AL and LENGTH OF STAY	Maryland CITY (If outside corpore	a limia mila r	VVD AV - 3		
OR give nearest TOWN Cator	t town)	(in this place)	OR TOWN Baltimo		tURAL and g	ive nearest town	1)
HOSPITAL OR INSTITUTION O			STREET ADDRESS TOL		ive location)		
STREET ADDRE	ss Spring Grov	e St. Hospital	724 N.	Linwood			V
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	MAE		SULLENS	OF DEATH	Jume	29	151
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birtl	hday If under	lyear If und	er 24 hrs
Female	Whi te	WIDOWED, DIVORCED, (Specify) Single	Jan. 15, 1880	7/	yrs. Months	Days Houn	Mln.
10a. USUAL OCCUP	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	1	2. CITIZEN OF	WHAT
housev	vife	domestic	Baltimore	Marylan	d	COUNTRY!	
13. FATHER'S NAM	4E		14. MOTHER'S MAIDEN	NAME			
Richard			Harriet				
	VER IN U.S. ARMED FORCES		17. INFORMANT AND				
no, or unknown)	(If yes, give war or dates of service)		Hospital Recor	ds, Caton	sville :	28, Md.	
		18. MEDICAL CE	RTIFICATION				
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL B ONSET AND	
20 20 20 20 0 20 0 20					- Long	1	
Immediat	te cause (a)	Acute cardiac fail	Lure	********		12h	ours
420 O Antecede	nt cause(s)	Ambawi analawatin k	somt diagons				,
Diseases or	conditions, if any, (b)	Arteriosclerotic h	leart orease	·	• #990 • • • • • • • • • • • • • • • • • •	suesae	you
131 a stating the	underlying cause last			1			
	(c)	Senile arteriosc	Lerotic nephrosc	rerosis		te	"
Conditions contrib	ICANT CONDITIONS uting to the death but not	h. Marked generali:	and antemiesalen	oei e		n	, .
19s. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION	ved at celifosciet.	0212		1 20. AUTOF	SY?
1011 21111 01 012						The second second	4
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR T	OWN)	(COUNTY	Yes (STAT	No K
HOMICIDE TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?			
OF INJURY	m.	While at Not While Work At work					
22 . I hereby corf	tify that I attended the	e deceased from June 29	9th19 51 to Tune	29. 195/	that I last	saw the dec	hazea
alive on.	me 2-7, 1901, an	d that death occurred at				tated above.	
SIGNATURE	7/	(Degree or title) Spi	ring Grove State	Hospital		DATE SIG	
other B.	Henmam.	new Co	atonsville 28. M	d.		Je 29,	51
23. BURIAL, CREM REMOVAL (Spe	cify) DATE THERE	NAME OF CEMETE	Carlond	OCATION (Chy	town, or cour	nty) (S	tate)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	R	1100	ADDRESS	3
- 1/2/	51 4	a seama	11200	21.11.	407	Made	

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

05776

I. PLACE OF DEAT COUNTY	H. Baltimore	MARYLAND	2. USUAL RESIDENCE (F		COUNTY	1	
CITY (If outside of OR give nearest TOWN	orporate limits, write RUR. t town) Fort Howard	6 (in this place)	CITY (If outside corpore OR TOWN Baltime	ore 23		nearest town	a)
HOSPITAL OR INSTITUTION O STREET ADDRE	R SS Veterans Admi	inistration Hosp.	STREET ADDRESS 2346 W	(If rural, give lo	cation) Street		/
3. NAME OF DECEASED (Type or Print)	(First) LEROY	(Middle)	(Last) TAYLOR	OF DEATH J	une 11	(Day)	(Year) 195]
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	9-24-26	9. AGE last birthday 24 yrs.	If under 1 Months	year If und Days Hour	er 24 hrs. Min.
	ATION (Give kiod of work working life, even if retired)	10b. Kind of Business or Industry Tailoring	Baltimore, Man	rvland		CITIZEN OF	WHAT
13. FATHER'S NAM	(E		14. MOTHER'S MAIDEN	NAME			
Thomas T	aylor		Beatrice Parke	er (
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS			
(Yes, no, or unknown)	(If yes, give war or dates of leervice)	219-10-4889	Clin.Rec., Vet	Adm. Hosp. F	t. Howa	rd. Md.	
		18. MEDICAL CEI			V.TALVIII.	100	
I. DISEASES OR CO	ONDITIONS DIRECTLY					INTERVAL B ONSET AND	
	(CHRONIC LYMPHATIC	TEHKEMTA			UNKNOW	TATE
Immediat	e cause (a)		wing A symptome .	**** *** ******************************		0.131121404	414
Diseases or giving rise t	nt cause(s) conditions, if any, o the above cause underlying cause last					1 M MM M A (((() +) + + + + + + + + + + + + + + +	**************************************
/ 1	(e)						
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat	h.					
19a. DATE OF OPE	RATION 19b. MAJOR F	FINDINGS OF OPERATION				20. AUTOF	SY?
						Yes 🖂	No X
21. ACCIDENT SUICIDE HOMICIDE	OF INJU		(CITY OR T		COUNTY)	(STAT	E)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?			
22. I hereby cert	lify that VA attended the	e deceased from June 5	, 1951., to June	Ll., 19.51, XXX	XDXDASEXSA	ENDOMA	exsea
SIGNATURE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	d that death occurred at.3.	O5 A . m., from the	causes and on the	date sta	ted above.	GNED
IRVING F	REEMAN, M. D.,	ACTING CHIEF, MED	ICAL SERVICES, V	AH, FORT HO	NARD.	MD. 6-1	1-51
23. BURIAL, CREM REMOVAL SUPPLIED	cify) Smuli	5-5/ Baltimore Na	ational	Baltimore,	Maryl	and	tate)
DATE REC'D BY REG.	LOCAL HEGISTRAR'S	SIGNATURE	Jas. A. Hayes	638 N. Gil	more S	ADDRESS	
		JT		Baltimore.			70

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05777

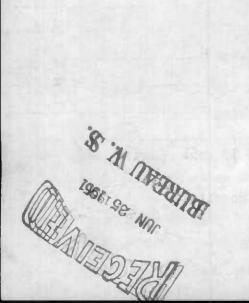
Reg. Dist. No. 30

Be

I. PLACE OF DEATH	•		2. USUAL RESIDENCE (HOME) OF DECEASED	
couply timore	9	MARYLAND	STATE COUNTY	
OR give nearest	rporate limits, write RURA town) ISVILLE	in this place)	CITY (If outside corporate limits, write RURAL and give TOWN Baltimore	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRES	s Spring Grove	State Hospital	ADDRESS 600 S. Chapel Street	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last) 4. DATE (Month) ODORAS OF DEATH June	(Day) (Year) 19 1951
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH 9. AGE last birthday If under	
10a. USUAL OCCUPA done during most of vi-	TION (Give kind of work orking life, even if retired)	10h. KIND OF BUSINESS OR INDUSTRY restairant	11. BIRTHPLACE (State or foreign country) 1 12	COUNTRY OF WHAT
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN NAME	
(Unknown	1	((inknown)	
15 WAS DECRACED EN	ER IN U.S. ARMED FORCES (If year, give war or dates o service)	f 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Hospital Records, Catonsville	28, Md.
I. DISEASES OR CO.	NDITIONS DIRECTLY	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate	cause (a)	Chronic myocardit	is	Prior to
Anteceden	t cause(s)			1949
giving rise to	onditions, if any, (b) the above cause aderlying cause last	Chronic interstit	ial nephritis	11
II. OTHER SIGNIFIC	(c)	. Generalized art	eriosclerosis	11
19a. DATE OF OPER		INDINGS OF OPERATION		20. AUTOPSY? Yes X No []
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
			, 19.50, to June 19., 1951, that I last sa	
alive ondu	ne19, 19.51, an	(Degree or title) Sprin	2:55pm., from the causes and on the date standard Grove State Hospital	ated above. DATE SIGNED
	Mmonm-Gre		sville 28. Md.	6-20-51
REMOVAL (Speci	(y) Jane	151 Such On	RY OR CREMATORY LOCATION (City) own, or count	mo
REG. 6-22-	OCAL REGISTRAR'S	Harry	Harry Hauthel, 4101 Am	ADDRESS
			0 0 2908	96 auc.

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.



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Milliamont People

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reat age

PCRASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

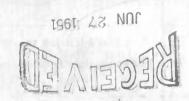
05778

2411 N. Charles Street, Dammore

CERTIFICATE OF DEATH

1. PLACE OF DEAT	H·		2. USUAL RESIDENCE	(HOME) OF DECEASEI	COUNTY
Bal	Ltimore	MARYLAND	Maryl	and Balt	COUNTY IMO re
OR give meares	corporate limits, write RUR.	AL and LENGTH OF STAY (in this place)	OP .	rate limits, write RURAL	and give nearest town)
TOWN Rel	Sterstown	\	TOWN Rela	terstown	
HOSPITAL OR INSTITUTION O STREET ADDRE	R SS Liberty I	ane	STREET ADDRESS Liber	ty Lane	ation)
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mon	th) (Day) (Year)
DECEASED (Type or Print)			ssell	OF June	
s. sex Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Dec. 10, 1884	9. AGE last birthday 1 66 yrs.	If under 1 year If under 24 hr Months Days Hours Min
on. USUAL OCCUP	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Marshall Co.		12. CITIZEN OF WHAT
3. FATHER'S NAM			14. MOTHER'S MAIDE	N NAME	
	Trussell		Mary		
	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT		
Yes, no, or unknown)	(If yes, give war or dates of service)	of 214-14-6976	Reisterstown	Police, Rei	sterstown, Md.
		18. MEDICAL CE	RTIFICATION	^	
. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH		7	INTERVAL BETWEEN ONSET AND DEATH
T	(0) 7	Lonary	prom	Tesa,	Judde
Immediat	te cause	7	17-		h
	nt cause(s)	minocker	diho , O	more	29/13
	conditions, if any, (b)	daniel francisco de la constantina della constan		Deco	myseusely
9300 stating the	underlying cause last (c)	Ausone	novon	0 1	
Conditions contrib	ICANT CONDITIONS uting to the death hut not ase or condition causing deat	in And be	en ine	briated	
19a. DATE OF OPE	ERATION 19b. MAJOR 1	FINDINGS OF OPERATION			20. AUTOPSY?
			(OVERVIOR	morrow (a)	Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	TOWN) (CC	OUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
			49 1-1	9	
22. I hereby cert	tify that I attended th	e deceased from/	719 to 0	, 19 , that I	last saw the deceased
-11-m - 6 -	19-15	d that death occurred at	m from th	d courses and on the	data stated above
alive on	, ar	(Degree or title)	ADDRESS	c causes and on the	DATE SIGNED
Am	4 1. X	affell m. k) Kerske	s bury?	nd 6-20-5
23. BURIAL, CREM REMOVAL (Spe	MATION DATE THERE	NAME OF CEMETE	ERY OR CREMATORY	LOCATION (City, town,	or dounty) (State) Carroll Brol
DATE REC'D BY REG.	LOCAL REGISTRAR'S		J F Eline	- 0 n	eis Ters Town
5-2	2-21 11/02rd	D. Cling.	O E MALINE	Sons	CISTER STOWN
				9	10471

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

717 1	HIGHT	e of Dea	TU	
FOR	MEDICAL	EXAMINERS		Reg. Dist. No.

COUNTY BALTIMORE Co. MARYLAND			NTY	
CITY (If outside corporate ilmits, write RURAL and OR give nearest town) TOWN MARYLAND LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
HOSPITAL OR INSTITUTION OR Patapsco River at STREET ADDRESS Annapolis Road	STREET	(If rural, give location	n)	
3. NAME OF (First) (Middle) DECEASED	(Last)	4. DATE (Month)	(Day) (Year)	
(Type or Print) UNIDENTIFIED WHITE FEMAL, 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last birthday If un	23, 1951 19 ider I year If under 24 hrs.	
Female White WIDOWED, DIVORCED, (Specify)	TK TK	yrs. Mon	ths Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if retired) Industry	N BIRTHPLACE (State N	or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME K	14. MOTHER'S MAIDE	N NAME		
N		W		
16. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT	N		
N 18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH	
Immediate cause (a) Drowning, found dro	owned		v. 1000v. 1000 4011 00 00 named 00 decimalism vet vis-d vo	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause		######################################	100 PRI C C	
stating the underlying cause last				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSYT	
			Yes No 🗆	
21. EXTERNAL CAUSE WAS PRIMARY Ton CONTRIBUTING OF office higg, etc.)	(CITY OF			
PRIMARY Xor CONTRIBUTING OF office hidg, etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	Patapsco Ri	ver at Annapoli:	s Road	
OF While at Not while	Found drown			
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, XXXXXXXXXXXXXX find that said dece from natural causes ☐, accident X, suicide ☐, homicide ☐,	ased died on the day sta			
SIGNATURE (Degree or title)	ADDRESS		DATE SIGNED	
Stanley A. Durlachen M.D.	700 Fleet Str	eet	7-3-51	
23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	RY OR CREMATORY	JG 3 1 1951 town, or	county) (State)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 19 1951 Revy Ledrech	24. FUNERAL DIRECT	OR .	ADDRESS	
the first the same of the same				



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05779

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Baltimore			2. USUAL RESIDENCE (STATE Maryland		UNTY
CITY (If outside corpora	ta limita prita RURA	MARYLAND		nte limits, write RURAL	and odus possint A
OR give nearest town	ere catina	weel gin this place)	OR TOWN Baltimo		ind give nearest town)
HOSPITAL OR		19 days	STREET	(If rural, give locat	
INSTITUTION OR STREET ADDRESS	Spring Grov	re State Hospital	ADDRESS 230	7 Harford Aven	ue /
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mont)	n) (Day) (Year)
(Type or Print)	ANNA		VIN.III	OF DEATH June	15 19 51
	COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birthday If	under I vest III under 24 hrs
Female	White	(Specify) Wi dowed	Dec. 27, 1872	78 yrs. 15	onths Days Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
done during most of workin	g life, even if retired)	INDUSTRY	Holland		COUNTRY?
13. FATHER'S NAME		GOMOBUTE	14. MOTHER'S MAIDEN	NAME	
Hen	drickus Kos		Morie	i Grootervil	
15. WAS DECEASED EVER IS	U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown) (If y	es, give war or dates o	none	Hospital Reco	rds. Catonsvil	le 28. Md.
		18. MEDICAL CE			
I. DISEASES OR CONDI	TIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
i. Dibbinois ou contra					Order Mild Danie
Immediate cau	ISO (a)A	rteriosclerotic h	eart disease	. 0.0 0.0 1 0.0 0.0 0.0 0.0 0.0 0.0 0.0	years
1017					
Antecedent car	ions if any (b)	Chronic interstiti	al nephritis		98
giving rise to the	above cause	eneralized arteri		** ***********************************	
3/ a stating the underig	Allik carac tane	Cardiac hypertroph		main	11
IL OTHER SIGNIFICAN	T CONDITIONS	dardrac nyper drops	ly due to overst	1 alii	1 11
Conditions contributing	to the death but not	Cardiac dilitation	aue to overstr	ain	n n
related to the disease or		INDINGS OF OPERATION			20. AUTOPSY?
THE DIVID OF GLAVE					
21. ACCIDENT (S	pecify) PLAC	E (llome, farm, factory, street,	: (CITY OR	TOWN) (COL	NTY) (STATE)
SUICIDE HOMICIDE	OF INJU	office bldg., etc.)		, (001	(011112)
TIME (Month) (Day		INJURY OCCURRED	HOW DID INJURY OF	CUR?	
OF INJURY	m.	While at Not While Work At work			
			-		
22. I hereby certify the	hat I attended the	deceased from June 2	, 1951., to June	15, 1951, that I	last saw the deceased
Young	15 10 51	3 43 44 3 441 4 4 4 3 4 3	- 20 6 41		
SIGNATURE	15, 1951, an	d that death occurred at.1	ADDRESS	causes and on the di	DATE SIGNED
SIGNATURE			ring Grove Stat	e Hospital	
altel Of Her	nmann. 1	beeutma. co	toneville 28 N	7	6-15-51
23. BURIAL, CREMATIO	N DATE THERE	F NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, o	r county) (State)
Bungvan (Specify)	6/18/51	Trinity Ce	emetery	Baltimore, M	id.
DATE REC'D BY LOCA	L REGISTRAR'S	SIGNATURE	HENRY SANDER	OR SONS THE	ADDRESS
REG. 6/18/5	1 au) Keduci	PALTO 13 M	D See	11/ Hende
7					A 1 police

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05780

1. PLACE OF DEATH.		2. USUAL RESIDENCE (H	OME) OF DECEASED.	
COUNTY Baltimore	MARYLAND	STATE District of Columbia		
CITY (If outside corporate limits, write RURAL and	LENGTH OF STAY	CITY (II offering Corbots	te limits, write RURAL an	nd give nearest town)
OR give nearest town) TOWN Fort Howard	62 days place)	TOWN Washi	ngton	
HOSPITAL OR		STREET	(If rural, give location	
INSTITUTION OR STREET ADDRESS Vet Adm. Hosp., Ft	.Howard, Md.	ADDRESS 647 E	ye Street, S.	E
	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) WILLIAM	F.	WADDELL	OF DEATH Jun	e 27 1951
5. SEX 6. COLOR OR RACE 7. SINC	ILE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If u	nder 1 year If under 24 hrs.
Male White WIDO	WED, DIVORCED, city) Single	9-12-77	73 ym. Moi	nths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUST	IND OF BUSINESS OR	II. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUST BOALS Engineer	iki /	Washington, D	. C.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
James Waddell		Unknown		
	OCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes. Tes unknown) (If yes, give war or dates of unknown) service) SAW WW I	ıknown	Clin.Rec., Vet	.Adm. Hosp., Ft.	Howard, Md.
	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADIN	IG TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
BROW	CHOPNEUMONIA,	TERMINAT.	14	2 days
Immediate cause (a)DIOW	A TION TO THE STATE OF THE STAT	THERET		
Antecedent cause(s)	משתום א משתוד אמ	TOCATEDOCTO		Unknown
Diseases or conditions, if any, (b)	RALIZED ARTER	TOPCIEMOS TP		CIRTOWII
107 stating the underlying cause last				
(c)				3
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				9
19a. DATE OF OPERATION 19b. MAJOR FINDING	S OF OPERATION		A A STATE OF THE	20. AUTOPSY?
				Yes DO No D
	e, farm, factory, street,	(CITY OR T	OWN) (COUN	
SUICIDE OF office to INJURY	oldg., etc.)		200 10	0.742
	Y OCCURRED t Not While	HOW DID INJURY OCC	CUR?	
OF INJURY m. Wifile a				
22. I hereby certify that Whattended the decea	ic Amail '	26 10 51 . Tuno 2	7 +0 51 3000000	
22. I hereby ceruly that Whattended the decea	sed from APA AA.	49, 1924, to	, 19.24., XINSTXIX IS	HIX PRAYX POR XUR GERSON X
INCOME AND A STATE OF THE STATE	death occurred at	245 P. m. from the	causes and on the dat	te stated above.
SIGNATURE	(Degree or titie)	ADDRESS		DATE SIGNED
MY A TONION - AND A COUTING	MITTED METATORS	וז אזר לייט דיינו מלייט	TOTAL MODELLA MODELLA	n. 6-28-51
A. F. FUCH MOSS ACTING (23. BORIAL CREMATION DATE THEREOF	NAME OF CEMETE	RY OR CREMATORY L	FORT HOWARD, MOCATION City, town, or	
REMOVAL (Specify) 6/29/5-/	Chambe	n N	1/21	(State)
DATE REC'D/BY LOCAL REGISTRAR'S SIGNAT	URE	24. FUNERAL DIRECTO	R	ADDRESS
REG. 6/29/51 GWA	educh	Howard Blight	Funeral Home	6009 Harford
	17		ad, Baltimore,	
		meaner J. DE	-sht-	6 VVV "

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05781

CERTIFICATE OF DEATH

	•	
1. PLACE OF DEATH. COUNTY (SA Cture) MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNT	Y
	CITY (If outside corporate limits, write RURAL and gi	ve negreet town)
CITY (If outside-corporate limits, write RURAL and LENGTH OF STAY (in this plece) TOWN (in this plece)	A OR CIM I I A VI	ve nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS 203 Wampler	Road
3. NAME OF PDECEASED (First) G (Middle) Was	(Last) 4. DATE (Month) OF DEATH OF LUNC	(Day) (Year) 20 19 5
5-SEX () 6. COLOR OR RACE 7. SINGLE, MARRIED,		1 year III under 24 hr
WIDOWED, DIVORCED, (Specify) WILLIAM OF BUSINESS OR	July 15/1882 78 yrs. Months.	
done during most of working life, even if retired) INDUSTRY	M. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
A STATE OF THE STA	Sumary	
13. FATHER'S NAMED BOOK	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17, INFORMANT	5527
(Yes, no, or unknown) (If year, give war or dates of service)	Herman H. Warker fr.	Belgin Ro
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Chronie 7	Juseaudites	2 1000
Immediate cause (a)	**************************************	
192, 2 Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the shove cause eteting the underlying cause last	P000001	***************************************
II. OTHER SIGNIFICANT CONDITIONS Conditione contributing to the death but not related to the disease or condition cousing deeth.	An	50 50 00 00 accessors non reference and a
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
-110		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
	0	
22. I hereby certify that I attended the deceased from Leg. 107	1950, to 1957, that I last s	aw the deceased
alive on huse 20 , 1941 , and that death occurred at &	E10 P - 1-11	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Lames Flowite, M. N. 422 Ever	Em Due Baltiune 21. ned	9/5/
REMOVAL (Specify) DATE 2/5/ NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or coun	ty) (Stete)
DATE REC'D BY LOCAL (REGISTRARY SIGNATURE)	240 FENERAL DIRECTOR	ADDRESS 7/1
REG. 6/21/57 Den Hedrel	Chilip Hereingtons Only	Dans Ot
/ 2-		

422 Eastern Que

Moorre

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

L U578%

64384

I. PLACE OF DEATH- COUNTY Paltimore	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MARYLAND Maryland			
CITY (If outside corporate limits, write RURAI OR give nearest town) TOWN (attons ville	L yr. 6 mths.	CITY (If outside corporation OR TOWN Baltimo	re limits, write R		e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove	State Hospital	STREET ADDRESS 330 S.	Oldham S	ive location) Street	/
3. NAME OF (First) DECEASED (Type or Print) WILLIAM	(Middle)	(Last) WALL	4. DATE OF DEATH		(Day) (Year) 2 151
Mare Murce	V. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	Mar. 30, 1910	41	yrs. Months	Days Hours Min.
done during most of working life, even if retired)	10b. Kind of Business on Industry	Ral timore. Ma			CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME WIIIiam F. Wall.		Barbara Will		100	art .
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. No. or unknown) (If yes, give wart or dates of service)	16. SOCIAL SECURITY No. 214-20-2434	Hospital Recor	ds, Cator	nsville	28, Md.
I. DISEASES OR CONDITIONS DIRECTLY L	IS. MEDICAL CER	RTIFICATION	.0		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	atelectus	is both	lungs	000 010 1 11 ******* 000 000	FOR BRIDE BR
Antecedent cause(s) Diseases or conditions, if any, (b)	Pulm	nay oder	ma x	rill	
giving rise to the above cause stating the underlying cause last	Klea	Letes, Mes	Plitus		W0 50 03 09 W0 001 4n 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 19b. MAJOR FI	NDINGS OF OPERATION				Yes No
21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Ilour)	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OCC	UR?		
22. I certify that I took charge of the remain obtained by said Autopsy, Inspection or from: natural causes . occident ., SIGNATURE	Inquiry, find that said deceded suicide [], homicide [], (Degree or title) Info suffer Ba	used died on the day stated undetermined ADDRESS LLS C. OFO A	labove, and di	on my	DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF REMCYAL (Specify) June 5, 19	951 St. Stephen	's Cemetery B	ocation (city, Bradshaw,	Balto C	o.,Md.
DATE BEC'D BY LOCAL REGISTRAR'S ST	1. Federal	6 harles & Se	1.	001 S. C. Balto. 2	onkling ST,

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05783

CERTIFICATE OF DEATH

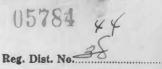
I. PLACE OF DEAT	G.		2. USUAL RESIDENCE (F	IOME) OF DECEA	SED.		
COUNTY	altimore	MARYLAND	STATE Marvla		COUNTY		
CITY (If outside c	orporate limits, write RUR		CITY (If outside corpora	te limits, write RU	RAL and give	e nearest tov	vn)
TOWN FT	Howard	(in this place) 200 days	TOWN Baltim	ore			
HOSPITAL OR	R	1)07	STREET ADDRESS	(If rural, give	iocation)		
STREET ADDRE	ss Vets .Adm . Hos	p.Ft Howard, Md.	739 E.	Preston St	t.		./
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day)	(Year)
(Type or Print)	PATRICK	(NMT)	WALLACE	OF DEATH I	ine	28	1957
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE iast birthda	y If under 1	year If un	der 24 hra
Male	White	WIDOWED, DIVORCED, (Specify) Married	3-14-93	58 57 yrs	Months	Days Hou	Min.
done during most of w	ATION (Give kind of work vorking life, evon if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIK PHPLACE (State of	foreign country)	12.	CITIZEN O	F WHAT
Retired	Policeman	Police	Ireland			USATEY	
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN				
Patrick	Wallace		Marie Tay	lor			
	VER IN U.S. ARMED FORCES (If yes, give war or dates		17. INFORMANT AND	ADDRESS			
yes	service) WW I	unknown	Clin.Rec.Vets.	Adm. Hosp. Ft	. Howard	d.Md.	
		18. MEDICAL CE	RTIFICATION				
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL E	DEATH
		Ruptured esophagea	u varices				
Immediate	e cause (a)	unbunted esoburges				24 hou	ırs
410 Anteceder	nt cause(s)						
Diseases or o	conditions, if any, (b)	Cirrhosis of Live	Ç.,	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	**************	unkno)Wn
stating the u	nderlying cause last						
I MILLY	(e)						
Conditions contribu	CANT CONDITIONS sting to the death but not se or condition causing deat	h.					
		INDINGS OF OPERATION				20. AUTO	PSY?
						Yes 🗆	No T
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR T	OWN)	(COUNTY)	(STAT	
SUICIDE HOMICIDE	OF INJU	office bldg., etc.)					
TIME (Month)		INJURY OCCURRED While at Not While	HOW DID INJURY OCC	UR?			
INJURY	m.	Work At work					
	. VA						
22. I hereby certi	ify that Xattended the	deceased from9-14	, 19.50., to6-21	3, 195 1300	KODISECOS	WO DEX CLEX	DEDEDCIX
YWWWWWYYY	WYYYYWWYYYYW	dythatyrheathyrareamarkeatse	5-55P m from the	college and on th	o data ata	tad above	
SIGNATURY		Cythatydorthy acting of act.	ADDRESS	causes and on or	ie dave sta	DATE SI	GNED
// 54	21				June 2º		
Albert	E Duez, M.D.	ACTING CHIEF, MED.S	SER VAH. Ft Howard	1 a 120C1 a			
23. BURIAL, CREM. REMOVAL (Spec	ify) // // // //					(S	State)
Buria	21 10 /07	S / Cathedera	Cemetery 24. FUNERAL DIRECTOR	Baltimore, 1	Id.		
DATE REC'D BY	LUCAL REGISTRANS	1 N N			O4 D- 1	ADDRES	S
4/29	1511 00	- much	Elmer Conklin,9	L. E. Bager	St.Bal.	to . Mit.	
/		/ //		74	1-30	200 30	21.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH



1. PLACE OF DEATH COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY West Virginia				
OR givo nearest TOWN	orporate limits, write RUR. town) Fort Howard	81(in this place)	OR TOWN Diana	te limits, write R	URAL and giv	e neares	it town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	R Ss Veterans Admi	inistration Hosp.	STREET ADDRESS	(If rural, gi	ve location)		~
3. NAME OF	(First)	(Middie)	(Last)	1 4. DATE	(Month)	(Day)	(Year)
(Type or Print)	HOMER	Α.	WARE	OF DEATH	June	14	1951
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 11-19-95	9. AGE last birth	day If under Months	l year Days	Hours Min.
done during most of w	ATION (Give kind of work rorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Diana, West V			COUNTE	EN OF WHAT
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME			
Herman F.	Ware		Sarah Ann Siz	OMONO			
15. WAS DECRASED EV	VER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS			-
Yes Tes	(If yes, give war or dates of lacrvice)	"Unknown	Clin.Rec., Vet	Adm. Hosp	. Ft. Ho	brew	MA
		18. MEDICAL CE	RTIFICATION			1	
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				INTER	VAL BETWEEN P AND DEATH
Immediate	e cause (a)C	BSTRUCTIVE JAUNDI	CE	***************************************		UNI	CNOWN
Diseases or o	o the above cause inderlying cause last	TRICTURE OF COMMO	N BILE DUCT			UNI	CNOMN
Conditions contribu	(c) CANT CONDITIONS sting to the death but not se or condition causing deat	h.					
		INDINGS OF OPERATION				20. A	UTOPSY!
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	OWN)	(COUNTY)		STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?			
SIGNATURE:	COOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	d that death occurred at 4	OO A. m., from the	causes and on	the date st	ated al	ove. E SIGNED
23. BURIAL, CREMAREMOVAL (Special	ATION DATE THERE		RY OR CREMATORY L	OCATION (City,	town, or count	ty)	(State)
Removal	1-/17-/0	Odd, Fellows	Cemetery	Diana, W	est Vir		RESS
REG. 6 14/5	/ KINISTRAKS	1 Daniel arun	Howard Blight		ome 600		rford
SHIP TO:	Dodd & Hurt P	uneral Home, Webst	Thickned J.	A Road Ba	ltimore.	Mar	yland
D1122 10°	Dogg of Har o I.	dielat nome, webs	oer phrings, W.	Va.	2) 91	61	9

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A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05785

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Dulling MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	Baltenine
CITY (If outside corporate limits, write RURAL and OR grophescale bewn) TOWN (in this place)	CITY (If sutside corporate limits, write RURAL and gi- OR TOWN Luwbleshing	Rucal
HOSPITAL OR Hood multing house, INSTITUTION OR 53/3 Education aug	STREET (If rural give location)	
3. NAME OF Print) MARY — ELLEW - 1	WEAVER DEATH JULE	(Day) (Year) 24 19 0
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) 10a, USUAL OCCUPATION (Give kind of work 10b. Kind of Business OR,	Months Months	Days Hours Min.
done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign couptry) 13	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give was or lates of service)	JIT. INFORMANT Locubles	chung Med
18. MEDICAL CE	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0.926	ONSET AND DEATH
Immediate cause (a) NS STA CE	ve C-O. Nicesia	
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause	Solerones	
1500 stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	a- Book Eggs	
19m. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) IOMICIDE INJURY	(CITY OR TOWN) (COUNTY	Yes No (STATE)
TIME (Mouth) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1=1.5	195/ to 6-24-195/ that I last	saw the deceased
alive on 6 - 2 3, 195/., and that death occurred at		
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
flece / howere	Kaloazvele	6-26
REDGYAL (Specify) July 26/5-1 Curon	LOCATION (City, town, or coun	mel
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 6-24-51	Edy Giston, Hamp	ADDRESS
		run



WRITE

PLEASE

S. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED. 1. PLACE OF DEATH. COUNTY STATE COUNTY BALTO BALTO MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR givo nearest town)
TOWN (in this place) POINT TOWN SPARROWS HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS STREET ST. STREET ADDRESS 3. NAME OF (Middle) (Last) 4. DATE (First) (Month) (Year) DECEASED NORA WESTBROOK DEATH 19 5/ (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday 5. SEX If under I year [If under 24 hrs. Months Days | Hours | Min. (Specify) WIDONED 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) COUNTRY INDUSTRY PENNA. 5, A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ANIEL TUCKEY 15. WAS DECRASED EVER IN U.S. ABNED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of MRS. CATHERINE FRANCES service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONBET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b)_ giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗌 No [21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While INJURY Work At work 19-0 to Kene 19.5, that I last saw the deceased 22. I hereby certify that I attended the deceased from the ADDRESS DATE SIG 192/, and that death occurred at// alive on SIGNATURE (Degree or title) DATE SIGNED there ? NAME OF CEMETERY 23. BURJAL, CREMATION THEREOF CREMATORY LOCATION (City, town, or county)/ REMOVAL (Specify) 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS REG.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05787

1. PLACE OF DEATH COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (I	COUN	THE COLUMN TWO IS NOT THE PARTY OF THE PARTY
OR give nearest TOWN	rporate limits, write RURA to Cat onsville	(in this place)	OR Baltim		
HOSPITAL OR INSTITUTION OR STREET ADDRES	House in the	e Pines Ave.	STREET ADDRESS616 Co	(If rural, give location) oks Lane	
3. NAME OF DECEASED (Type or Print)	Jennie	(Middle) Gerber	Wheatley	4. DATE (Month) OF DEATH June 2	
remale	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 10 0W	July 4,1873	yrs.	bs Days Hours Min.
H don't during most of w	TION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR CONTROL HOME	Md.		12. CITIZEN OF WHAT COUNTRY?
Christia:	n Gerber		Unknown		
(Yes, no. or unknown)	ER IN U.S. ARMED FORCES (If yes, give war or dates eservice)	? 16. SOCIAL SECURITY No.	Robt . C . Wheatl	ey,504 N.Chap	el Gate
		18. MEDICAL C	ERTIFICATION	Lai	INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
		Co. obac ho	and the are		100h
Immediate	cause (a)	4000-4	mount of	00000000000000000000000000000000000000	
33/ X Anteceden	t cause(s)	Hyperteur			10 tula-
Diseases or c	onditions, if any, (b)	- 4 percur		8 2 8 8 8 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9	
83a stating the u	nderlying cause last	07.			101111
	(c)	alexiona	cons		TOTTIM.
related to the diseas	ting to the death but not se or condition causing deat	in Mysecratic	al Jaline		15 Tyn.
19a. DATE OF OPE	RATION 196. MAJOR	FINDINGS OF OPERATION			ZU. AUTOFSIT
TOTAL A COLUMNIA	(Specifus) 1 DLA	CE (Home, farm, factory, street	(CITY OR	TOWN) (COUNT	Yes No No (STATE)
21. ACCIDENT SUICIDE HOMICIDE	OF	office bldg., etc.) JRY	HOW DID INJURY OF		, (~-1,-2,-
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	How bid injuri oc	COR	
On Thereby cost	for that I attended th	e deceased from	1940 to lune	26 195/ that I last	t saw the deceased
			//		
alive on Signarus	25, 19.57, ar	nd that death occurred at.	ADDRESS	causes and on the date	stated above. DATE SIGNED
That	tB. Wrigh	1 110-	policing Cuty B		n 26-185/
BUTTET (Spec	Juffe 28	/51 Loudon Pa	rk,3801 Frede	LOCATION (City, town, or co	more 29 11
DATE REC'D BY REG. 6-28	LOCAL REGISTRAR'S		Harry H. Cuit	Le 4101 Edmo:	ndson Ave.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05788

CERTIFICATE OF DEATH

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	V PAITA
CITY (If outside corporate limits, write RURAL and) LENGTH OF STAY	MAKINAND	Charo.
TOWN A HINDHILL STOWN TWEEKS	CITY (If outside corporate limits, write RURAL and give TOWN	ve nearest town)
HOSPITAL OR INSTITUTION OR CHAPMAN ROAD	STREET (If rural give location)	AD
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print) 5. SEX 6. COZOR OR RACE 7. SINGLE MARRIED.	DEATH VUNC	26 193/
FEMALE WHITE WIDOWED, DIVORCED, (Specify)	SEPT. 23 -1871 79 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during plot of working life, even it retired) 10b. Kind of Business or Industry		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
WILLIAM H. TAYLOR	MARY LOUISE GARE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or anthown) (If year, give war or dates of service)	17. INFORMANT MR. WHEATHEY - HUSS	CAND
18. MEDICAL CE	DIFFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) ONGESTIVE /	YEART FAILURE	2 DAYS
434 / Antecedent cause(s)	1 0	
Diseases or conditions, if any, (b)	ORAUIS INDIE	5 YEARS
93 e giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not PI. UNDER CA	TRE OF DR. IRA BOYER SI	NE MAYIS
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
NONE		Yes No No
21. ACCIDENT (Specify) PLACE (Homo, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Wille at Not While INJURY m.	HOW DID INJURY OCCUR?	
	C CI lude X CI	
22. I hereby certify that I attended the deceased from	, 19./, to ////, 19, that I last s	saw the deceased
alive on MUVE 36, 195, and that death occurred at	ADDRESS and on the date st	ated above. DATE SIGNED.
Thomas E. Wheeler mi	Kandallelown, Ma	· 6 80/51
23. BERIAL, CREMATION DATE REMOVAL (Specify) 28/51 NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. (122)	24 FUNERAL DIRECTOR	ADDRESS
1/2/191 w Joestich	in will. I. writer V	001
1- 1/6		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

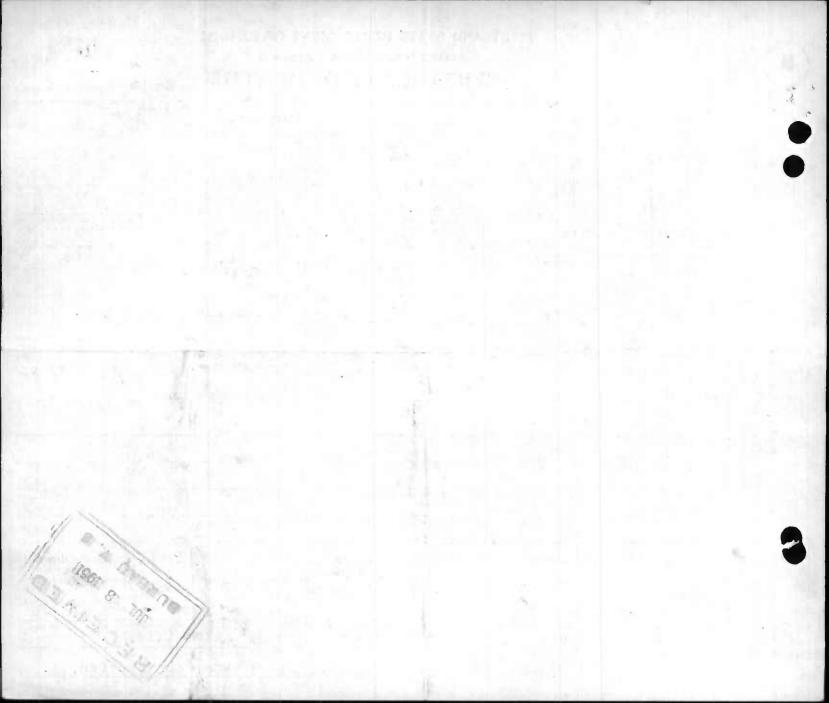
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05789

CERTIFICATE OF DEATH

I. PLACE OF DEATH- COUNTY Baltimore MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland Baltimore			
CITY (If outside corporate limits, write RURAL and OR sive nearest town) TOWN GLYMOON CITY (If outside corporate limits, write RURAL and Inches of the Corporate limits and Inches of the Corporate limit						
HOSPITAL OR INSTITUTION O STREET ADDRE	R	cker	Road	STREET ADDRESS Long	(If rural, give location) necker Road	
3. NAME OF	(First)		(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Clara		Mielke	Wheeler	OF June 2'	7,1951
Female	White	RACE 7	SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) MAITICA	B. DATE OF BIRTH Dec.19,1890	9. AGE last hirthday If und	ar 1 year If under 24 hrs. S Days Hours Min.
done during most of	ATION (Give kind working life even if)	of work I	Oh. KIND OF BUSINESS OR	Baltimore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM				14. MOTHER'S MAIDEN	NAME	
Louis M:	ielke			Martha		
15. WAS DECRASED E	VER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		
(Yes, nevor unknown)	(If yes, give war of service) NONE	or dates of	None		heeler, Glyndon	n, Md.
			18. MEDICAL CE	RTIFICATION		
I DISEASES OF C	ONDITIONS DIRI	ECTLY LE	ADING TO DEATH	1	0	INTERVAL BETWEEN ONSET AND DEATH
1. Distribus ou o	ONDITIONS DIM		and to beauty			ONSINI AND DEATH
Immedia	te course	(a)	enerun	- Embo	tus	2 days
		(-)		1-1-1/		
1422 Antecede	nt cause(s) conditions, if any,	(h) 77	mocardo	ilis Chs	our	
giving rise t	to the above cause	, ,				1001 1 01 01 00 10 10 10 10 10 10 10 10
93 & stating the	underlying cause last	1	Moten	sim)		
II. OTHER SIGNIF	ICANT CONDITIO	(c)		1010	/	310
Conditions contrib	uting to the death hase or condition caus	ut not sing death.	Geretra	Cembol	es 1948	
19a. DATE OF OPE	ERATION 19b. M	IAJOR FIN	DINGS OF OPERATION		1/	20. AUTOPSY?
						Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	OF CONTROL	(Home, farm, factory, street, office bidg., etc.)	(CITY OR T	OWN) (COUNT	Y) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (W	NJURY OCCURRED Thile at Not-While Work	HOW DID INJURY OC	CUR?	
	tify that I atten		eceased/from./ =	490 to 6-27	7-, 195/, that I last	saw the deceased
				1 1	/	
alive on	191	and	that death occurred at	m., from the	causes and on the date	stated above.
SIGNATURE	111	14.11	(Degree or title)	ADDRESS	1	DATE SIGNED
Mul	7. Ja	nell	Mit	/ xue was	oun	6.2751
23. BURIAL, CREM	ATION DATE T	THEREOF 29,1		RY OR CREMATORY L	OCATION (City, town, or con Pikesville, M	
DATE REC'D BY						
	LOCAL REGIST	TRAR'S SLO	NATURE	24. FUNERAL DIRECTO	R	ADDRESS
	7 611 1	TRAR'S SE	NATURE SING.		R Sons, Reisters	



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ion carefully.

. WITH UNFADING INK. Supply every item of information important. Physicians: please write the causes of death clearly an

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05790

Reg. Dist. No. 33

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED Baltimore Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY Reisterstown, ma TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS Reisterstewn Rd at Delight M. (First) (MIddle) (Last) (Month) (Day) DECEASED OF June 3,1951 Edwin White Emerson (Type or Print) 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE last birthday | If under I year |If under 24 brs WIDOWEDD PWORCEDd Dec. 25, 1897 Months | Days | Hours | Min. Male White 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of worlding life Beyonk Tried) busTHess Baltimore Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nellie G.Rice George L. White 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give war or dates of Rev. Lawrence Rice. Pikesville Ald: None 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Frantwied shull mandible Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? home. 21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) office bldg., etc.) Karristn TIME (Month) (Day) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? Struck by ants. work at work 22. I certify that I took charge of the remains described above, held an Autopsy 🗔, Inspection 🗶, Inquiry 🔀 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. SIGNATURE (Degree or title) DATE SIGNED 23. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY June 5, 1951 Louden Park REGISTRAR'S SIGNATURE J.F. Eline & Sons Reisterstown Md

2 90716

BUREAU 1. ..

- i - Nor

WE CELLEY

2411 N. Charles Street, Baltimore

05791

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED.	2
COUNTY Baltimore MARYLAND CUTY (If outside corporate limits, write BURAL, and J. LENGTH OF-STAY)	maryland County	allimare
On Alice place	CITY (If outside corporate limits, write RURAL and give near	rest town)
OR give nearest town) Baltimore Property (in this place)	TOWN Daltimare 04	skulle
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS 3209 Taylor Hue.	ADDRESS 3209 / Cay lor live.	
3, NAME OF (First) (Mjeddle)	(Last) 4. DATE (Month) (Da	y) (Year)
DECEASED & I'L	echert DEATH June 11	1951
(Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under I year	
WIDOWED, DIVORCED,	Montha Day	
10d. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		ZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	A COUNT	
B. FATHER'S NAME	11 MOTHER'S MAIDEN NAME	
13. FATHBICS NAME	A DA	
Tohen tellerson	Co Mile I fulle	
15. WAS DECRASED EVER IN W.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give way of dates of	17. INFORMANT AND ADDRESS	1. 1
service) / // //	Mr toket Neichert - 3209)	dy lor
18. MEDICAL CE		BRVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		BET AND DEATH
\\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	1. Abubatani la + 10 2	10 11
Immediate cause (a) HYLEY105Clero	tic and hypertensive heart dis?	10 445
/OA Antecedent cause(s)		/
/// Diseases or conditions, if any, (b)		******************************
glving rise to the above cause stating the underlying cause last		
93 de la		
11. OTHER SIGNIFICANT CONDITIONS	1	1
Conditions contributing to the death but not	bronchitis	3 days
related to the disease or condition causing death.		AUTOPSY?
Jan Dill VI VI Diagrams	77	- N
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.)	(000111)	(021122)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	1011 212 1110111 000011	
INJURY m. Work At work	<u> </u>	
22. I hereby certify that I attended the deceased from	1949 to 10 June 195 / that I last saw t	he decessed
alive on 10 June, 195, and that death occurred at.	2 Moorns, from the causes and on the date stated	above.
SIGNATURE (Degree or title)	ADDRESS	ATE SIGNED
Kobert E. Mason M.D). 9t. Chase It.	June 51
	RY OR CREMATORY LOCATION (City, town, or county)	(State)
Lot District (O 11-)	to the Catalanton Local Total (City, town, or county)	(SIETE)
19 uniles 6-17-51 June	LOUR DEPOSITOR	DDDDGG
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	9/16/16/19	DDRESS
6/12/57 a w gederch	L. Veleck 3305 Harford	4
	71	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

PLEASE W.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

05792

I. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY Maryland
CRY (If outside corporate limits, write RURAL and OR give nearest town) TOWN (attorise limits, write RURAL and LENGTH OF STATE (in this place) TOWN (2 LONSVILLE	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET (If rural, give location)
3. NAME OF (First) (Middle) DECEASED (Type or Print) JAMES B.	WOOD ATE (Month) (Day) (Year) OF DEATH JUNG 22 19 5
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	Oct. 18, 1856 91 yrs. 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry 10cm	Gate City, Virginia
James T. Wood	14. MOTHER'S MAIDEN NAME Dorothula White
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give yet or dates of None	Hospital Records, Catchsville 28, Md.
18. MEDICAL C	CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between Onset and Death
Immediate cause (a) Arterioscleroti	c heart disease . Several yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	itial nephritis " "
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized ar	teriosclerosis " "
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \(\text{No } \t
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Oct.	3, 1958, toJune22, 1951, that I last saw the deceased
SIGNATURE (Degree or title) S	ADDRESS Spring Grove State Hospital Catonsville 28. Maryland Catonsvill
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE, REG. 6-23-51 Victor & Harry	W. W. CHAMBERS Co- RIGERARIE MO

3 60 1 S 1 PARTINA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

15793

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY
OR give nearest town) TOWN TOWN CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Fort Howard LENGTH OF STAY (in this place) TOWN TOW	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.	STREET (If rural, give location) ADDRESS 1212 W. Fayette Street
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) AUGUST G.	ZIMMER, SR. DEATH June 13 195
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify) DIVORCED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hr Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) 10b. Kind of Business or Industry of Industry of Standard	Baltimore Maryland 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles D. Zimmer	Sarah Vahle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, a est unknown) (If yes, give war, or dates of Unknown	Clin.Rec., Vet.Adm. Hosp., Ft. Howard, Md.
18. MEDICAL CE	RTIFICATION INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAT
Immediate cause (a) Diffuse Carcinoma o	f Lungs, Lymph Nodes, Esophagus,
Intestines and Righ	
Antecedent cause(s) Diseases or conditions, if any, (b)	
giving rise to the above cause stating the underlying cause last	
46e (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes M No [
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?
22. I hereby certify that Aattended the deceased from May 1	
SIGNATURE (Degree or title)	1:20 A.m., from the causes and on the date stated above. ADDRESS DATE SIGNED
\sim 1/1	AH. Fort Howard, Md. 6-13-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 6/5/5 Baltimore Na	RY OR CREMATORY LOCATION (City, town, or county) (State)
Durtall 10/10 / Duratimore in	
DATE REC'D BY LOCAL I REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05794

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEAT COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE STATE Md.	(HOME) OF DEC	CEASED COUNTY	imor e
OR give neares	corporate limits, write RUst town). WWOOD Heigh	(in this place)		ood Heig	RURAL and giv	e nearest town)
INSTITUTION OF		erty Road	STREET ADDRESS 6000	Liberty	Road	
3. NAME OF DECEASED (Type or Print)	(First) Susan	(Middle) Marguerita Zi	(Last) mmərman	4. DATE OF DEATH	(Month) June	(Day) (Year) 11. 19 5
5. SEX Female	6. COLOR OR RACE		12/31/1859	9. AGE last birt		1 year If under 24 hrs. Days Hours Min.
100 USUAL OCCUI	PATION (Give kind of working life, even if retired	rk 10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State	or foreign country) 12	COUNTRY?
13. FATHER'S NAI	ME		14. MOTHER'S MAIDE	N NAME		
John W:	illiams		Cecilia (Cunningha	ım	
15. WAS DECRASED I	EVER IN U.S. ARMED FORCE) (If year, give war or dat		17. INFORMANT AND			
(1es, no, or unknown,	service)	none	Mrs. Imogen 2	Z. Pfeiffe	er 6000	Liberty Ro
I. DISEASES OR C		Y LEADING TO DEATH	entification du Vascular a	lisease		INTERVAL BETWEEN ONSET AND DEATH
giving rise stating the II. OTHER SIGNIF Conditions contril	r conditions, if any, to the above cause underlying cause last (c). FICANT CONDITIONS buting to the death but no asse or condition causing d	<u>asi</u>	terio seli	rosin		P
		R FINDINGS OF OPERATION				20. AUTOPSY?
-						Yes No P
21. ACCIDENT SUICIDE HOMICIDE	0.	LACE (Home, farm, factory, street, office bldg., etc.)			(COUNTY)	
TIME (Month) OF INJURY	(Day) (Year) (Hour	While at Not While	HOW DID INJURY O	OCCUR?		
	•	the deceased from Am. 17	TO MA			
SIGNATURE	Thallis J	and that death occurred at (Degree or title)	22201	tarriso	n Blv	DATE SIGNED
BUT 1a 1	6-14-		Park 1 24. FUNERAL DIRECT	Woodlay		Md. ADDRESS
REG. 5	5/57 REGISTRAN	W Meshing	G. Howard St		W.Nort	
		VIT				